

Name  
in  
Full

Robt Ambush

## CERTIFICATE OF DEATH

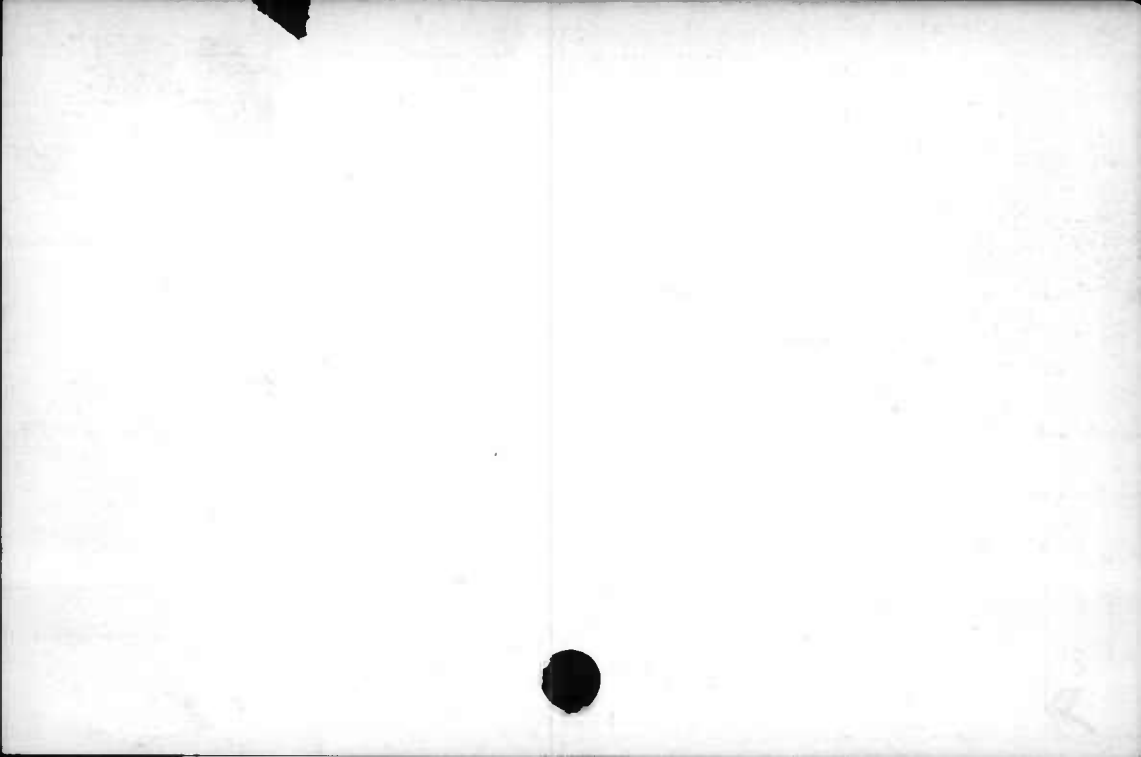
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Park Mills			<sup>County</sup> Fred R			MARYLAND	
Date of death	Month	Day	Years	Months	Days		
1905	1	15	Age 102				
Sex	Male		Color or Race	Black		Birth-place	Maryland
Occupation	Retired labor			Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or <del>husband</del>			Matilda Ambush
Father's Name	Don't know			Father's Birthplace			don't know
Mother's Maiden Name	"			Mother's Birthplace			"
Name of person giving information	Geo Peter			How related to deceased			not related

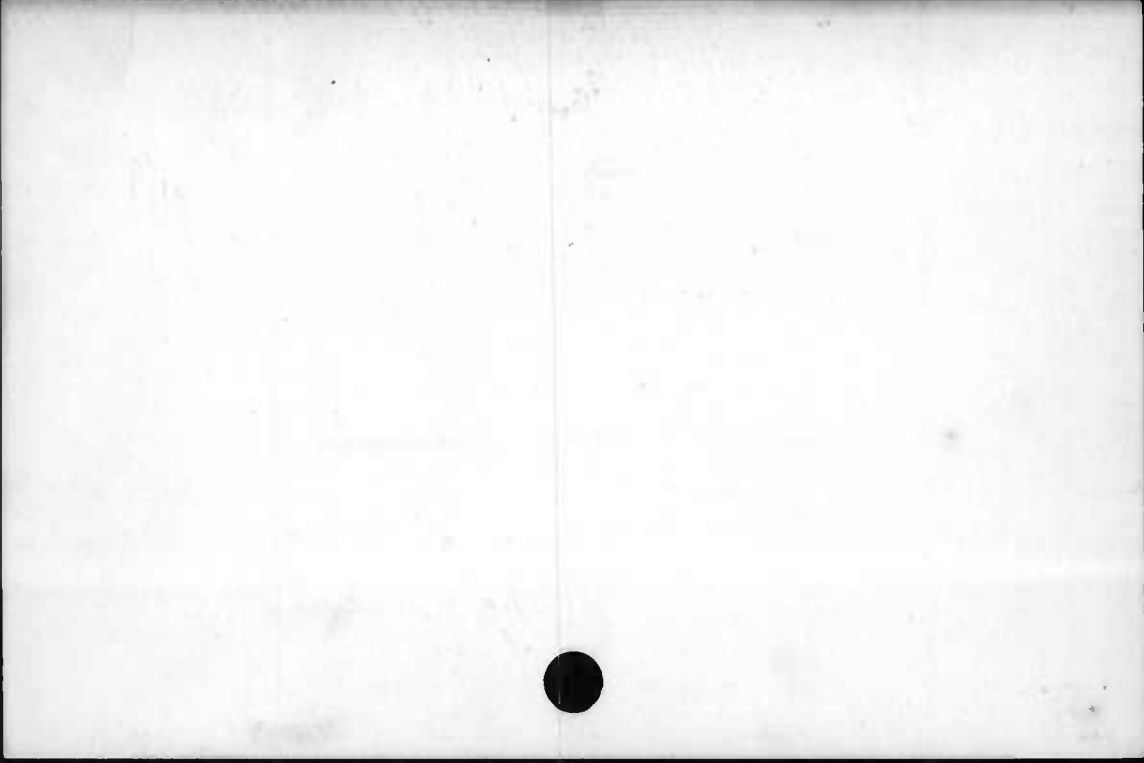
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Series ability -	How long	154
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	J. E. Miller MD
		Address	Health Officer
Accident or Suicide?			



Name in Full		Harry Barnes				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Frederick</u> Town			<u>Frederick</u> County		MARYLAND	
	Date of death	1905	Month	Jan	Day	7 <sup>th</sup>	Age
	Sex		Male		Color or Race	Black	
	Occupation		Barber		Birth-place	Md.	
	Married, Single or Widowed		Single		Where Residing if not at place of death		
	Father's Name		George Barnes		Father's Birthplace		
	Mother's Maiden Name		Cassie Temple		Mother's Birthplace		
Name of person giving information		Cassie Barnes		How related to deceased		Mother	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary				How long		
	<u>Apoplexy - Cerebral</u>				<u>Several days</u>		
	Immediate				How long		
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		
	Yes				D. H. G. Bourne		
				Address			
				Frederick			
Accident or Suicide?							



Name  
in  
Full

## CERTIFICATE OF DEATH

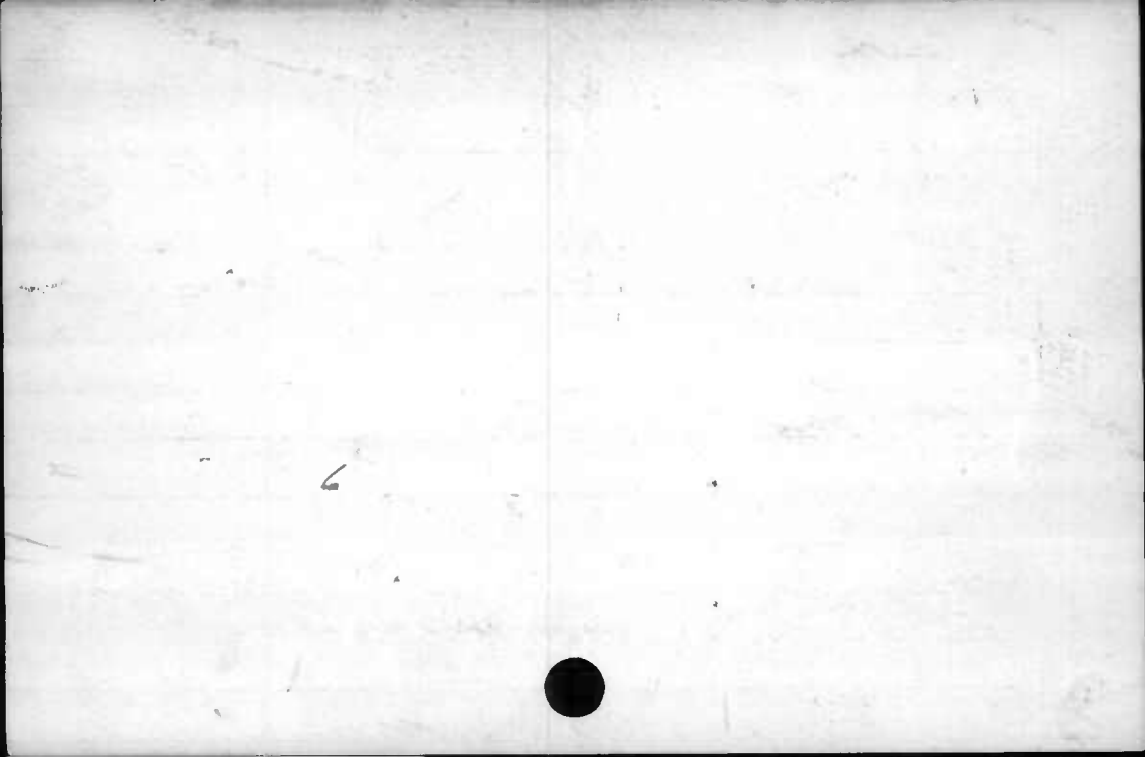
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Wichy Ridge</i> Town		County <i>Frederick</i>		MARYLAND	
Date of death 190 <i>5</i>	Month <i>Jan.</i>	Day <i>8</i>	Age Years <i>76</i>	Months <i>3</i>	Days <i>8</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Huntsdon</i>		
Married, <del>Single</del> or Widowed <i>Married</i>	Occupation <i>Build Farmer</i>				
Name of Wife or Husband <i>Catherine Berlingis</i>					
Father's Name <i>Samuel Beiler</i>			Father's Birthplace <i>Huntsdon</i>		
Mother's Maiden Name <i>Susan Beiler</i>			Mother's Birthplace <i>"</i>		
Name of person giving information <i>Harry Beiler</i>			How related to deceased <i>Son</i>		

## CAUSES OF DEATH

Primary	How long
Immediate <i>Heart disease</i>	How long <i>10 years</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Morris O. Bailey</i>
	Address <i>Thurmont</i>
Accident or Suicide?	<i>Ma</i>

PHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

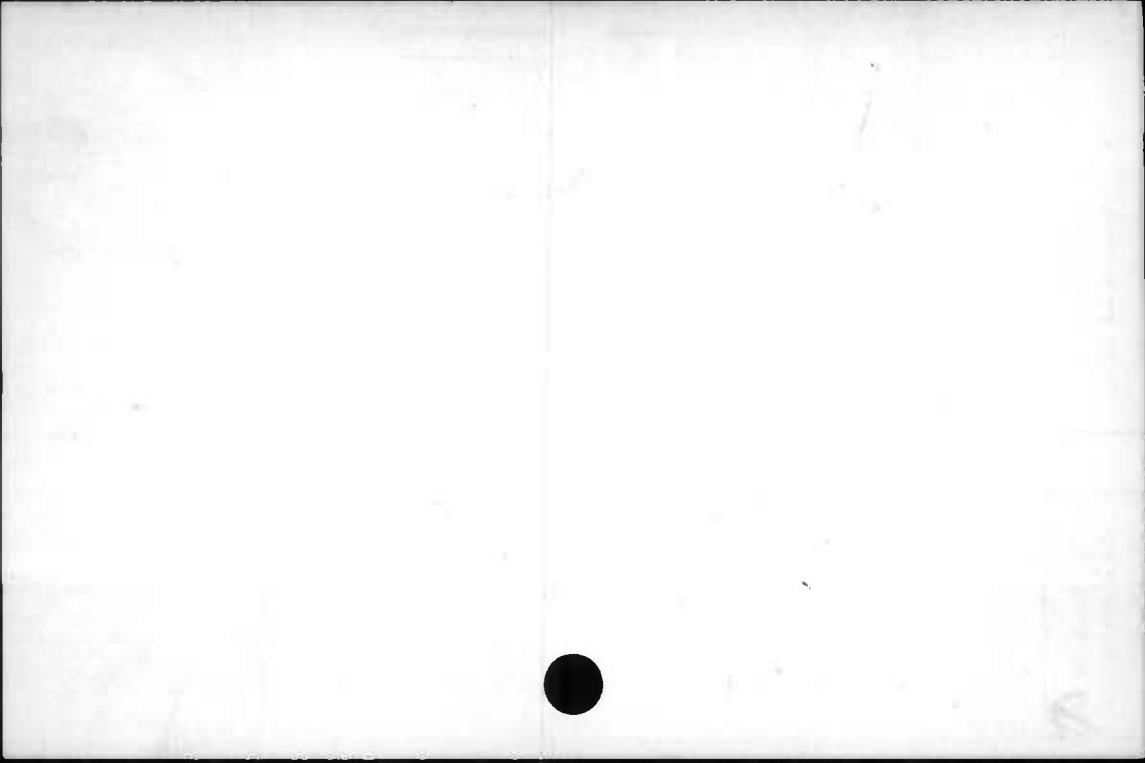
MARYLAND

Died at <i>Bondurich</i>		Town <i>Bondurich</i>		County	
Date of death <i>1905</i>	Month <i>1</i>	Day <i>14</i>	Years <i>80</i>	Months <i>x</i>	Days <i>x</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Carroll Co Md</i>		
Occupation <i>H' wife</i>	Where Residing if not at place of death <i>—</i>				
<del>Married, Single</del> or Widowed	Name of Wife or Husband <i>Dr James Billingslea</i>				
Father's Name <i>John Cover</i>	Father's Birthplace <i>Carroll Co Md</i>				
Mother's Maiden Name <i>Susan Biggs</i>	Mother's Birthplace <i>Carroll Co Md</i>				
Name of person giving Information <i>Dr. Mrs. Chas F. J. Howard</i>	How related to deceased <i>Sister</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Senility</i>	How long <i>120</i>
Immediate <i>Uraemia</i>	How long <i>Few days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. M. L. Buchanan</i>
	Address <i>Bondurich Md</i>
Accident or Suicide?	





Name  
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Full

CERTIFICATE OF DEATH

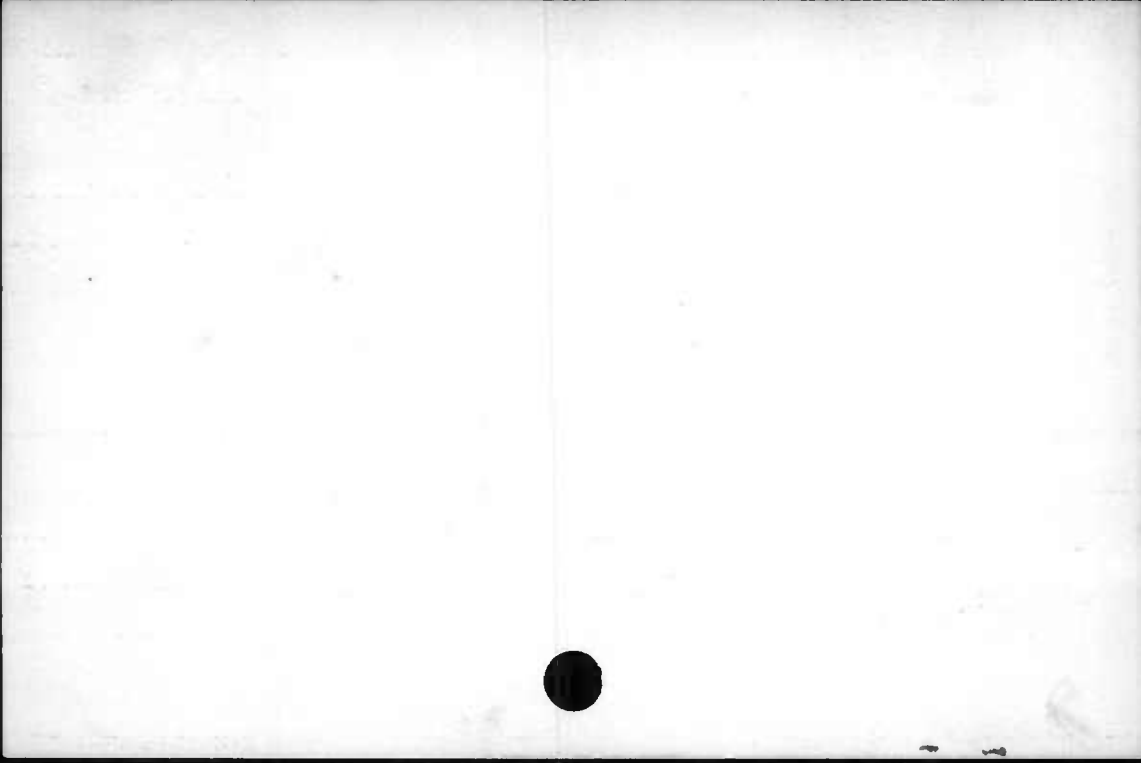
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Emmitsburg</i> <sup>Town</sup>		<i>Frederick</i> <sup>County</sup>		MARYLAND	
Date of death	1905	Month	1	Day	12
Age	83	Years	83	Months	10
Sex	male	Color or Race	White	Birthplace	MD
Occupation			Where Residing if not at place of death	<i>Emmitsburg Md</i>	
<del>Married</del> Single	Name of Wife or Husband				
<del>Widowed</del>					
Father's Name	<i>John Black</i>			Father's Birthplace	
Mother's Maiden Name	<i>Catharine Skontz</i>			Mother's Birthplace	
Name of person giving information	<i>Francis Lampert</i>			How related to deceased	
<i>Niece</i>					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Old Age</i>	How long	<i>4 years</i>
Immediate	<i>3 hours</i>	How long	<i>4 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician		
<i>yes</i>	<i>Chas E Stone</i>		
	Address	<i>Emmitsburg Md</i>	
Accident or Suicide?			



Name

in  
Full

Rua Boteler

## CERTIFICATE OF DEATH

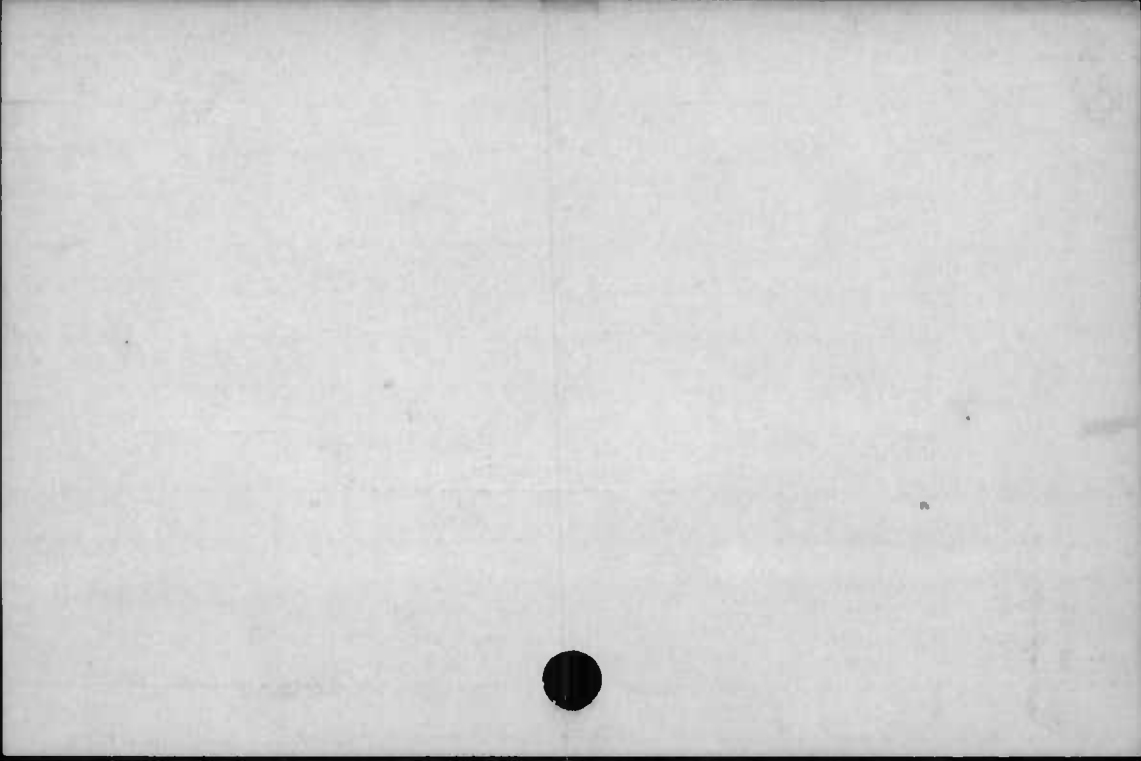
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Brunswick		County Medwrick		MARYLAND	
Date of death	1906	Month Jan	Day 6	Age 66	Years	Months 2	Days 24
Sex	Female	Color or Race	White	Birth- place	Md		
Occupation	none			Where Residing If not at place of death			
Married, Single or Widowed	Name or Wife or Husband			Robert - H Boteler			
Father's Name	John W. Marshall			Father's Birthplace			
Mother's Maiden Name	Rua Melvin			Mother's Birthplace			
Name of person giving In formation	Birdie Boteler			How related to deceased			
				Daughter			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Bronchial Catarrh, Tubercular	How long	2 years
Immediate	Pulmonary Hemorrhage	How long	8 hours
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	A. S. Horine
		Address	Brunswick Md
Accident or Suicide?	no		



Name  
in  
Full

Albert Brown

## CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Date

Month

Day

Years

Months

Days

of death 1906-

Jan

9

Age

17

Sex

male

Color or  
Race

white

Birth  
place

Fred K Co Md.

Married, Single  
or Widowed

single

Occupation

Name of Wife or  
HusbandFather's  
Name

Wm. B. Brown

Father's  
BirthplaceMother's  
Maiden Name

Ellen Conrad

Mother's  
BirthplaceName of person giving  
informationHow related  
to deceased

## CAUSES OF DEATH

Primary

Typhoid Fever

How long

Ten days

Immediate

Perforation of bowel &amp; peritonitis 36 hours

How long

36 hours

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

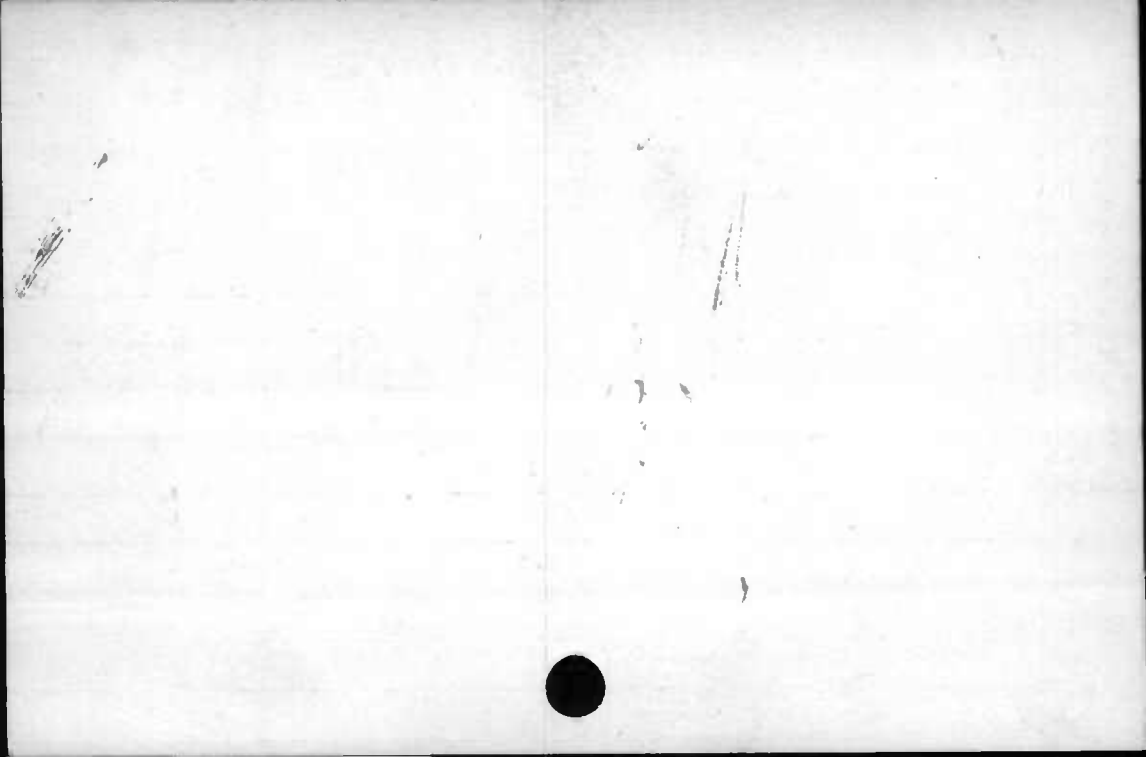
C. L. Wichter

Address

Sabillasville Md.

PHYSICIAN  
OR CORONER

Accident or Suicide?



Name  
In  
Full

George Brust

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <sup>Town</sup> Frederick<sup>County</sup> Fredk

Date of death 1905 1 29 Age 53 Months 1 Days 6

Sex Male Color or Race Wh Birth-place Md

Occupation County Comtable Where Residing if not at place of death —

Married, Single or ~~Divorced~~ Name of Wife or ~~Widow~~

Father's Name Carper Brust

Father's Birthplace Germany

Mother's Maiden Name Ann Elizabeth

Mother's Birthplace Germany

Name of person giving information Fredr. Obinduppe

How related to deceased Indirect

## CAUSES OF DEATH

Primary Tuberculosis

How long 1 year

Immediate Asthma

How long 2 mos

Are the name, age, sex, color, date and place correctly given above?

Ys

Signature of Physician

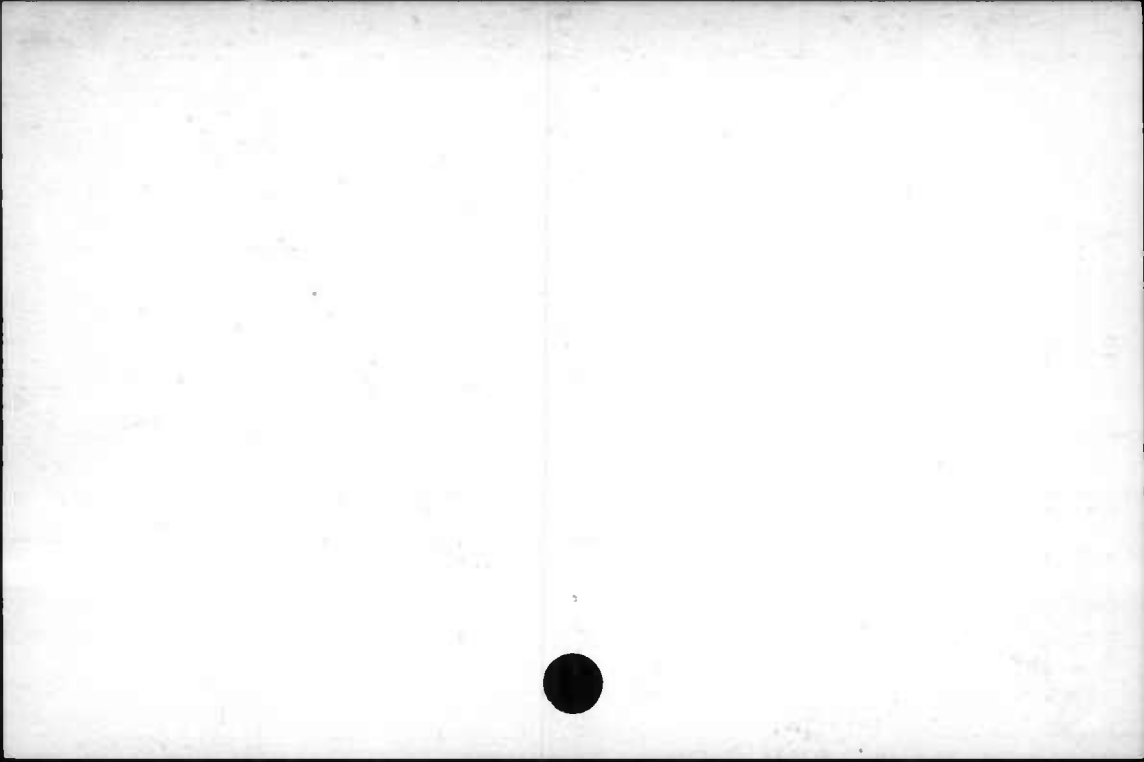
Chas F. Gooden MD

Address

Frederick. Md

Accident or Suicide?

no





Name  
in  
Full

Sarah B. Castle

## CERTIFICATE OF DEATH

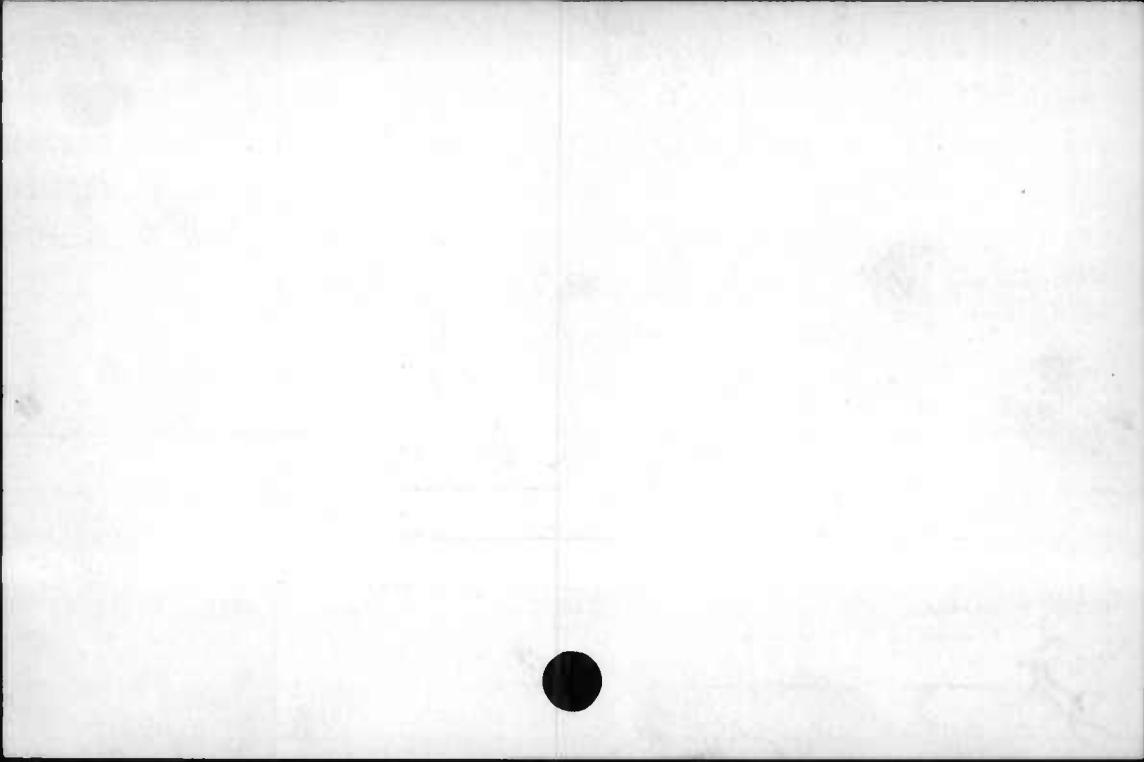
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Bolivar</i>			County <i>Fredricks</i>			MARYLAND	
Date of death <i>1905</i>	Month <i>Jan</i>	Day <i>27</i>	Age <i>87</i>	Years	Months <i>8</i>	Days <i>8</i>	
Sex <i>Female</i>	Color or Race <i>American</i>		Birth-place <i>Maryland</i>				
Occupation <i>Housewife</i>			Where Residing If not at place of death				
Married, Single or Widowed <i>Widow</i>	Name of Husband <i>Daniel Castle</i>						
Father's Name <i>Jacob Long</i>	Father's Birthplace <i>Maryland</i>						
Mother's Maiden Name <i>Matilda Rowe</i>	Mother's Birthplace <i>Maryland</i>						
Name of person giving information <i>Carroll F. Castle Jr.</i>				How related to deceased <i>none</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>General Debility</i>	How long <i>2 years</i>
Immediate <i>Paralysis</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>A. C. Laniar M.D.</i>
	Address <i>Middletown Md.</i>
Accident or Suicide? <i>—</i>	



Name  
in  
Full

Clara E Chew

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <sup>Town</sup> Frederick<sup>County</sup> FrederickDate  
of death 1905Month  
1Day  
7Age  
Years 40Months  
3Days  
6

Sex Female

Color or  
Race WhiteBirth-  
place Frederick Md

Occupation

Where Residing if not  
at place of deathMarried, ~~Single~~  
or ~~Widowed~~ WidowName of Wife or  
Husband Joseph E ChewFather's  
Name Joseph LidieFather's  
BirthplaceMother's  
Maiden Name Julia PutzembergerMother's  
Birthplace Ind Co MdName of person giving  
Information J E ChewHow related  
to deceased Son

## CAUSES OF DEATH

Primary Pulmonary Tuberculosis

How long  
Four six years

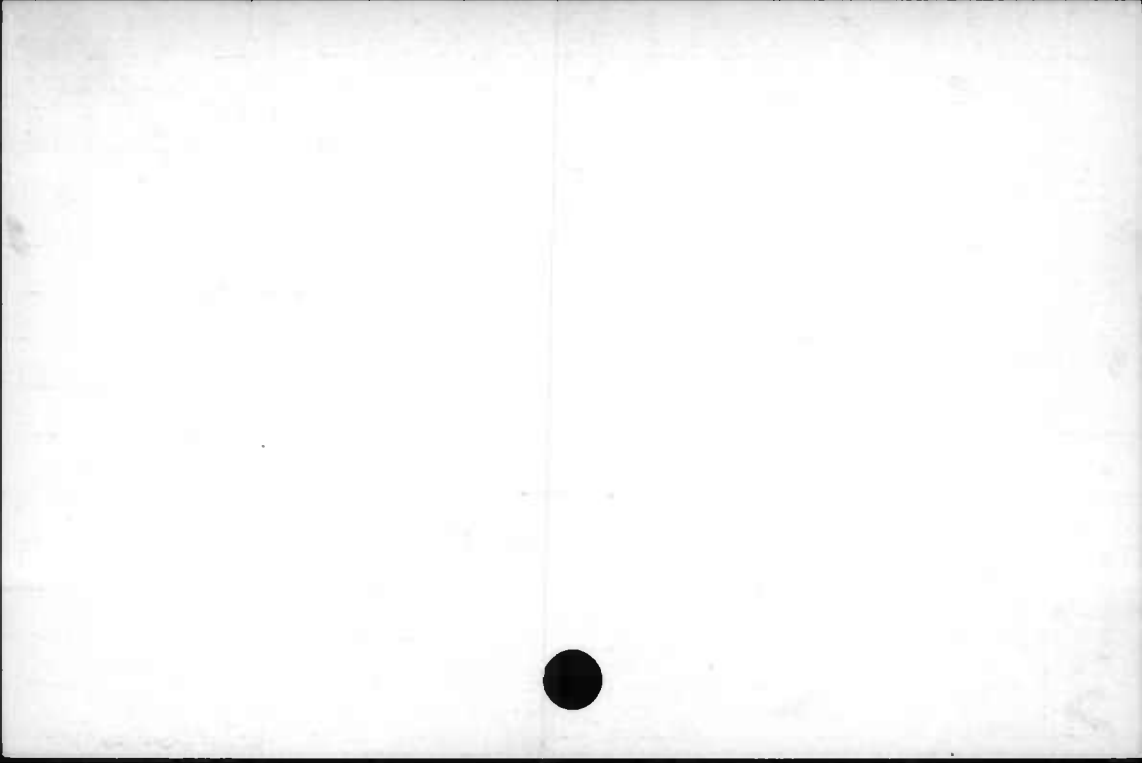
Immediate Eudo Carditis

How long  
About two daysAre the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

J. B. Johnson  
Frederick Md

Accident or Suicide?



Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

## CERTIFICATE OF DEATH

MARYLAND

Died at *Mary Ann Lockman*  
*near Middletown Ind*Date of death *1902* Jan *30* Age *80* Months *4* Days *28*Sex *Female* Color or Race *White* Birth-place *Maryland*Occupation *Domestic* Where Residing if not at place of death *—*Married, Single or Widowed *Single* Name of Wife or Husband *—*Father's Name *Jacob Lockman*Father's Birthplace *Maryland*Mother's Maiden Name *Susan Greenwell*Mother's Birthplace *Maryland*Name of person giving information *Sarah Lockman (Sister)* How related to deceased *None*

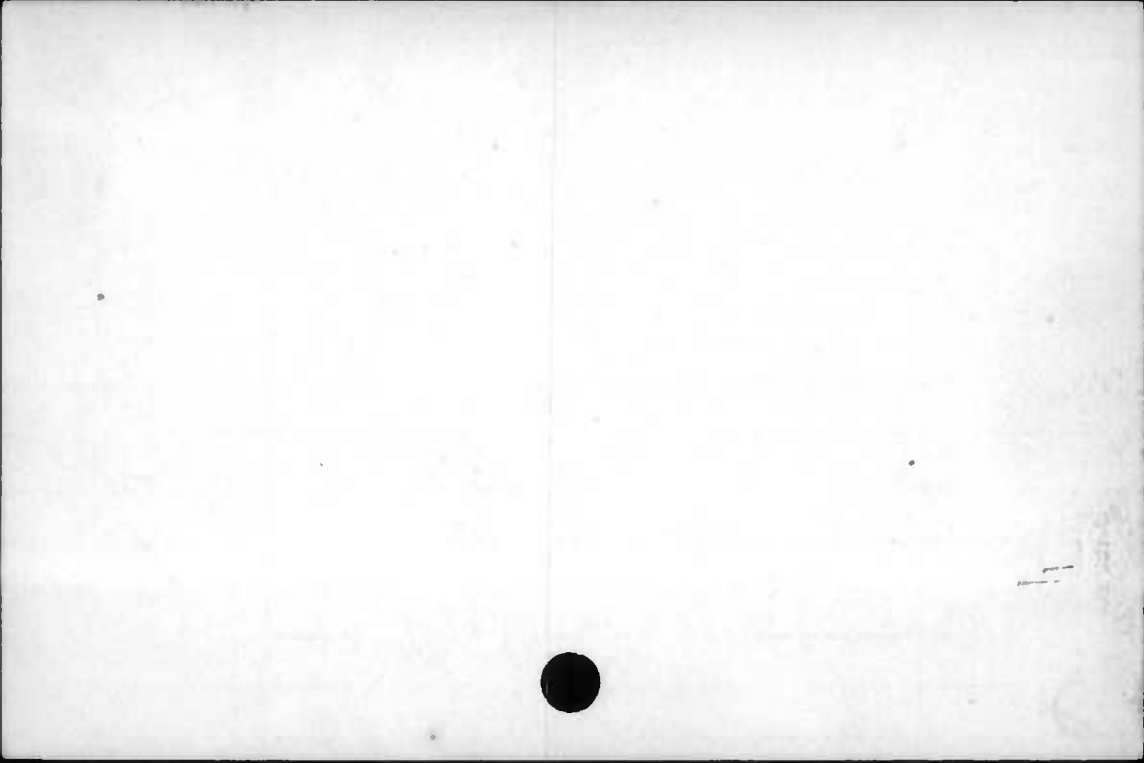
## CAUSES OF DEATH

Primary *General Debility* How long *3 years*Immediate *Paral* *Paralytic* How long *2 days*Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician

Address

Accident or Suicide? *2**Henry H. H. H.*  
*Middletown Ind*



Name  
in  
Full

Frank Coats

## CERTIFICATE OF DEATH

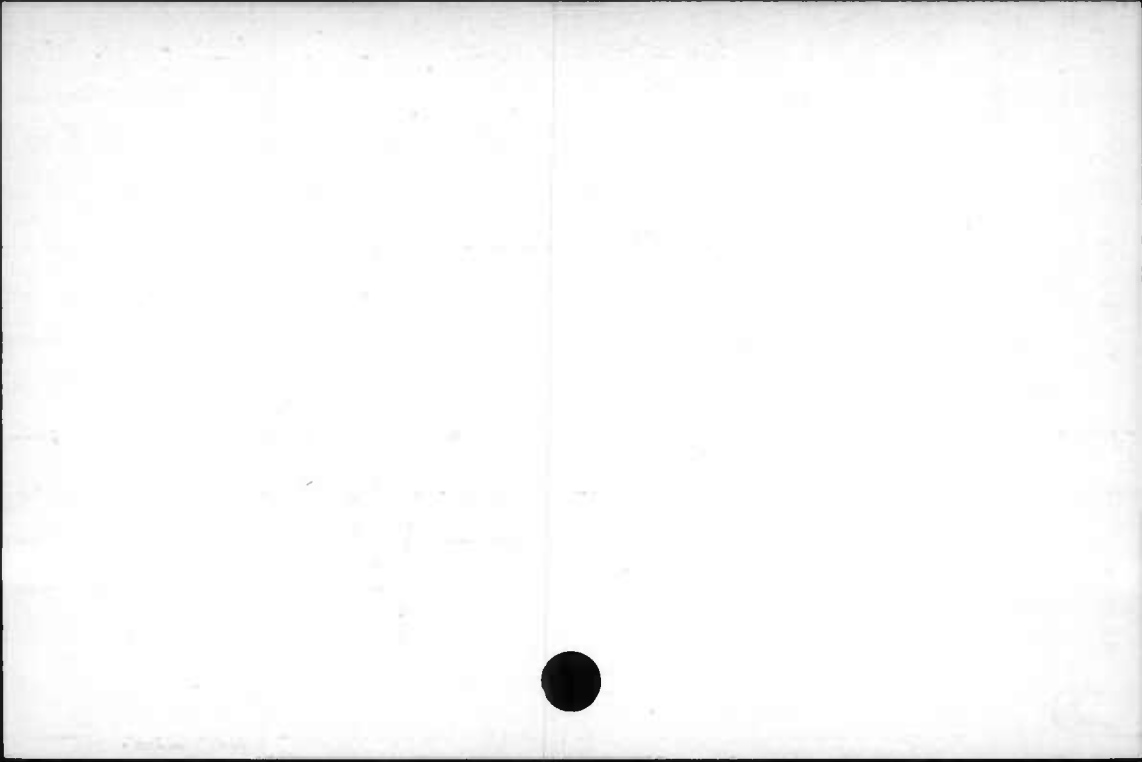
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Frederick		County Frederick		MARYLAND	
Date of death		1905	Month Jan	Day 18th	Age 56	Months	Days
Sex		Male		Color or Race Colored		Birth-place md.	
Occupation Laborer				Where Residing if not a place of death			
Married, Single or Widowed		Married		Name of Wife or Husband Feminah Coats			
Father's Name				Father's Birthplace md.			
Mother's Maiden Name				Mother's Birthplace "			
Name of person giving Information				Coats		How related to deceased Wife	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary		Gastric Cancer		How long Several months	
Immediate		Inanition		How long 40	
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician A. S. Bourne M.D.	
				Address Frederick, Md.	
Accident or Suicide?					





Name  
in  
Full

Margaret E. Durbin

## CERTIFICATE OF DEATH

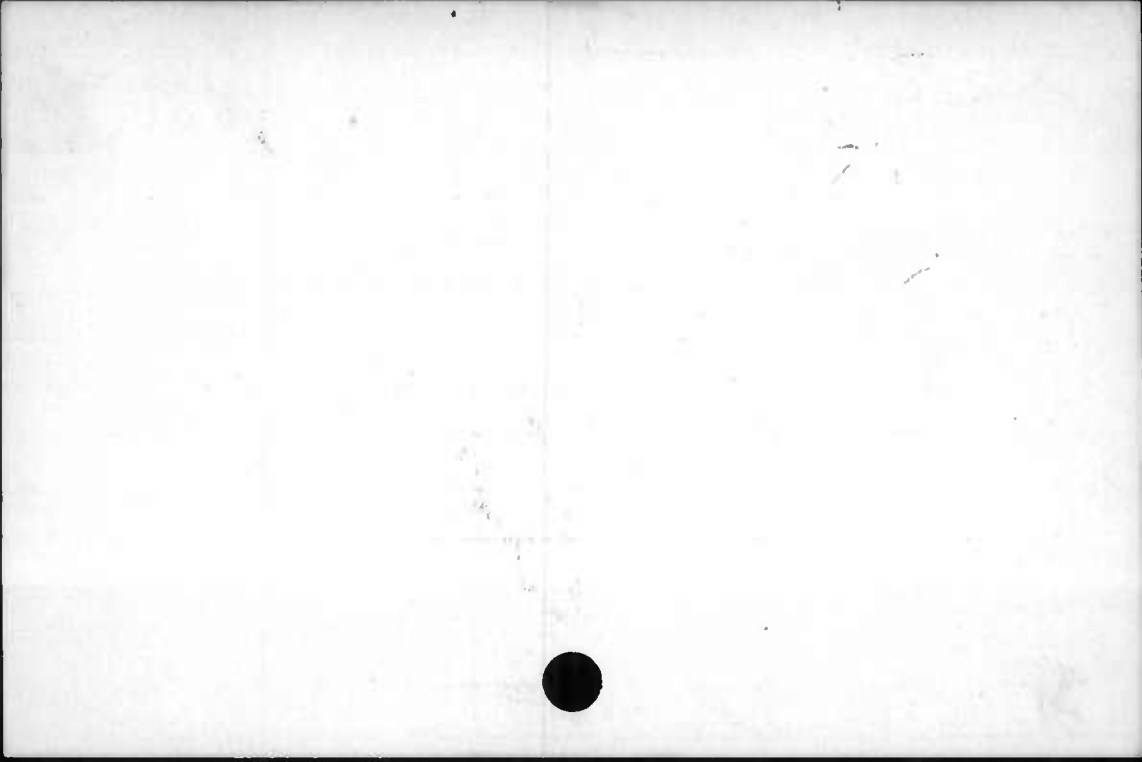
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Jefferson		County Frederick		MARYLAND	
Date of death	1905	Month 1	Day 26	Age 74	Years 8	Months 1	Days 1
Sex	Female		Color or Race	White		Birth- place	Va
Occupation	House Wife			Where Residing if not at place of death			
Married, Single or Widowed	Widowed		Name of Wife or Husband	Rev James R. Durbin			
Father's Name	Thomas J. Marlow				Father's Birthplace	Va	
Mother's Maiden Name					Mother's Birthplace		
Name of person giving Information	Family				How related to deceased	Sisters	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long
Immediate	How long
Bronchu, Pneumonia	
Three days	
Are the name, age, sex, color, date and place correctly given above?	Yes
Signature of Physician	Dr. H. Bolter Gross
Address	Jefferson Frederick County Md
Accident or Suicide?	



Name

in  
Full

Clanora Elkins

## CERTIFICATE OF DEATH

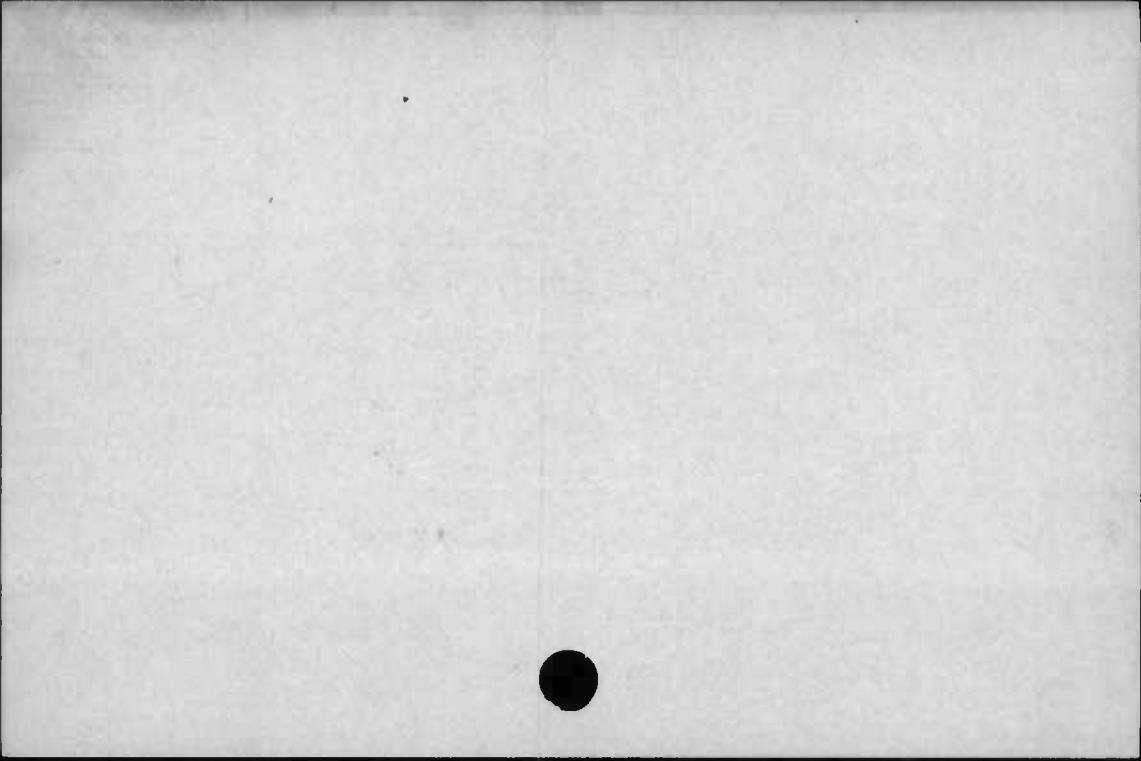
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Frederick</i>		Town <i>Frederick</i>		County <i>Frederick</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>Jan'y</i>	Day <i>19</i>	Age <i>81</i>	Years <i>2</i>	Months <i>2</i>	Days <i>2</i>	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Frederick, Md</i>				
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>Frederick Md</i>						
Married, Single or Widowed <i>Widowed</i>	Name of <del>Wife</del> or Husband <i>Joseph D. Elkins</i>						
Father's Name <i>John Titlow</i>	Father's Birthplace <i>Frederick Md</i>						
Mother's Maiden Name <i>Margaret Fagler</i>	Mother's Birthplace <i>Frederick Md</i>						
Name of person giving information <i>David Elkins</i>	How related to deceased <i>Son</i>						

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Apoplexy</i>	How long <i>3 1/2 years</i>
Immediate <i>Exhaustion</i>	How long <i>3 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Labner</i>
	Address <i>23 E Church St</i>
	<i>Frederick Md</i>
Accident or Suicide?	



Name  
in  
Full

Annie R. Fauble

## CERTIFICATE OF DEATH

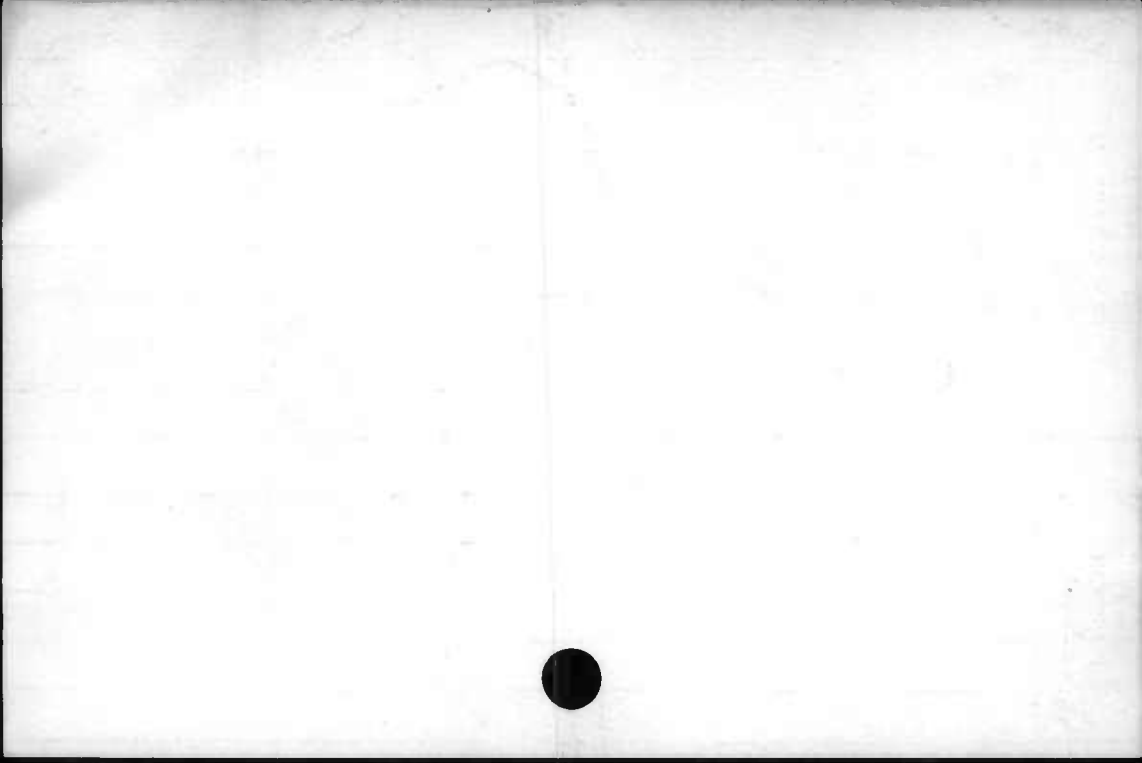
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Burkettsville		County		Frederick		MARYLAND	
Date	Month	Day	Years	Months	Days				
of death 190	5 Jan.	31	Age 81	4	30				
Sex	Female		Color or Race	White		Birth-place	Maryland		
Married, Single or Widowed	Widowed			Occupation	Housewife				
Name of Wife or Husband	William Fauble								
Father's Name	David S. Brier					Father's Birthplace	Maryland		
Mother's Maiden Name	Elizabeth Ham					Mother's Birthplace	"		
Name of person giving information	Julian Fauble					How related to deceased	Son		

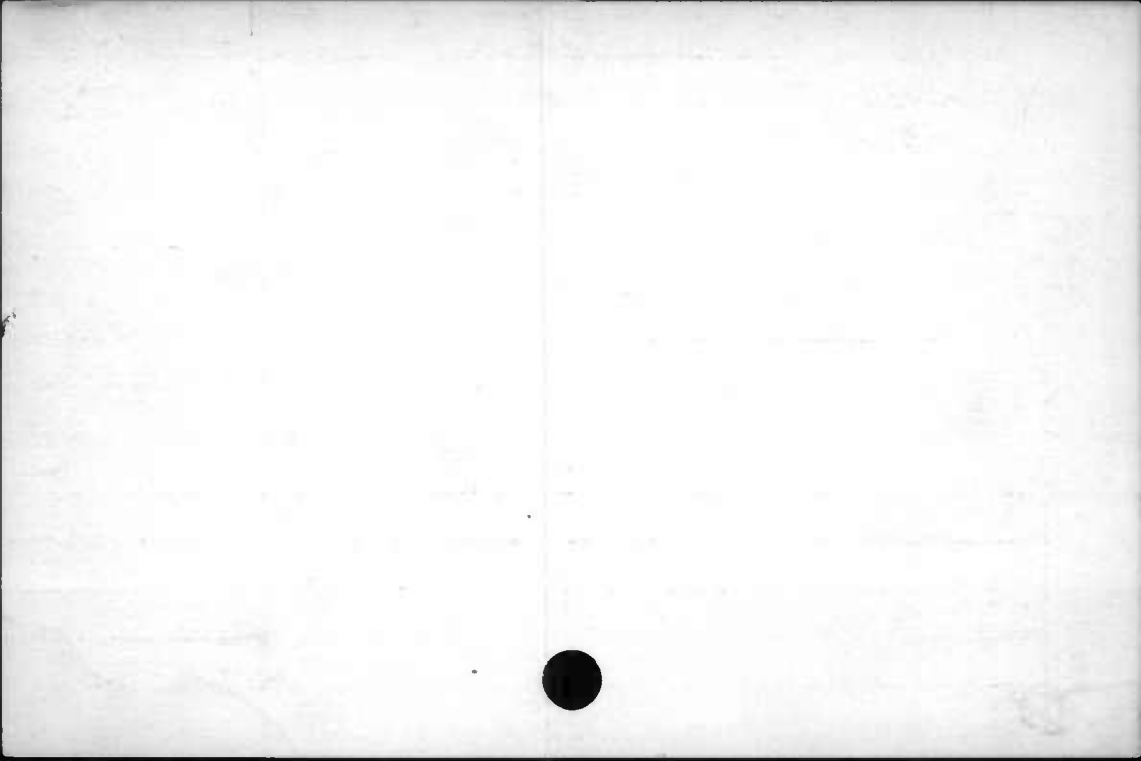
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	General Debility		How long	Several years
Immediate	Acute Gastritis & Enteritis		How long	about 5 days
Are the name, age, sex, color, date and place correctly given above?		Yes.		
Signature of Physician		E. H. Schietneck		
Address		Burkettsville, Md.		
<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; border-radius: 50%; width: 40px; height: 40px; margin-right: 10px;"></div> <div>             Accident or Suicide?           </div> </div>				



Name in Full		John M. O. Flanagan				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Levinstown	County Frederick	MARYLAND			
		Date of death	1905	Month Jan	Day 13	Years 41	Months —	Days —	
		Sex	male		Color or Race	White		Birth-place	Union Mills Md
		Occupation	Farmer		Where Residing if not at place of death				
		Married, Single or Widowed	married		Name of Wife or Husband		Emma Summers		
PHYSICIAN OR CORONER		Father's Name	John Flanagan			Father's Birthplace	Frederick Co. Md		
		Mother's Maiden Name	Minerva Snook			Mother's Birthplace	Frederick Co., Md		
		Name of person giving information	physician			How related to deceased	none		
		CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary	Accident			How long			
		Immediate	Fracture of Skull			How long			
		Are the name, age, sex, color, date and place correctly given above?	yes			Signature of Physician	J. E. Miller M.D.		
					Address	Fordsville Md			
		Accident or Suicide?							





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Andover</i>		County <i>Andover</i>		MARYLAND	
Date of death 190	5	Month	January	Day	24	Age	Years 71
Sex	Male		Color or Race	White		Birth-place	Andover
Married, Single or Widowed	Married			Occupation			Retired
Name of Wife or Husband				Mary J. Dadisman			
Father's Name				William Glossner			
Mother's Maiden Name				Father's Birthplace			
				Mother's Birthplace			
Name of person giving information				How related to deceased			
Mrs. Glossner				Widow			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

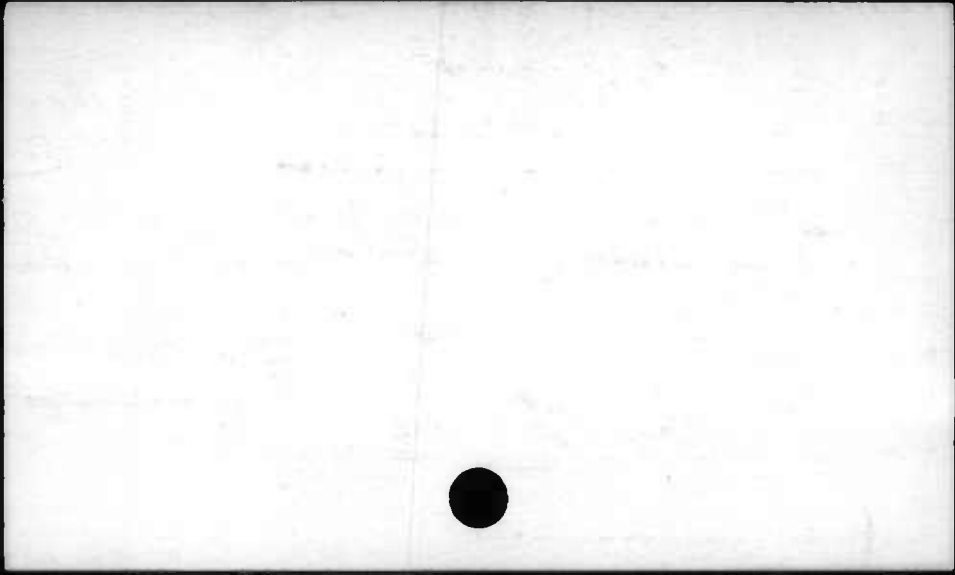
Primary	<i>Paralysis</i>		How long	<i>Six weeks</i>
Immediate	<i>Asthma</i>		How long	<i>One week</i>
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	Signature of Physician	
			<i>S. P. Saffner</i>	
			Address	
			<i>Andover, Md.</i>	
Accident or Suicide?				

Interment at Mt Olivet  
" Jan 24 - 06  
Thomas P Rice

Name of Child

Certificate of Birth

Born at *Fredricks* <sup>Town</sup> *"* <sup>County</sup> *Forsythe, Alforretta Taylor* **MARYLAND**  
 Date 190 *5* <sup>Month</sup> *1* <sup>Day</sup> *31* <sup>White</sup> *Colored* <sup>Mate</sup> *Female* <sup>Living</sup> *Still Born* <sup>Number of Child: 1st 2nd 3rd</sup> *4th 5th 6th 7th 8th 9th* **(12)**  
 Father's Name in Full *James P. Forsythe* <sup>Age</sup> *33*  
 Occupation *Marble Cutter* <sup>Birthplace</sup> *Md*  
 Mother's Maiden Name *Fannie Taylor* <sup>Age</sup> *32*  
 Occupation *H.W.* <sup>Birthplace</sup> *Md*  
 Reported by *W. J. Gooden md* <sup>Physician, Midwife, Parent</sup>  
 Address *Fredricks, Md,*  
*Given name added: 12/31/68*  
*Film # 408 mcm*  
 If child is not named, send name as early as possible.



Name  
in  
Full

Louise - Griffe

## CERTIFICATE OF DEATH

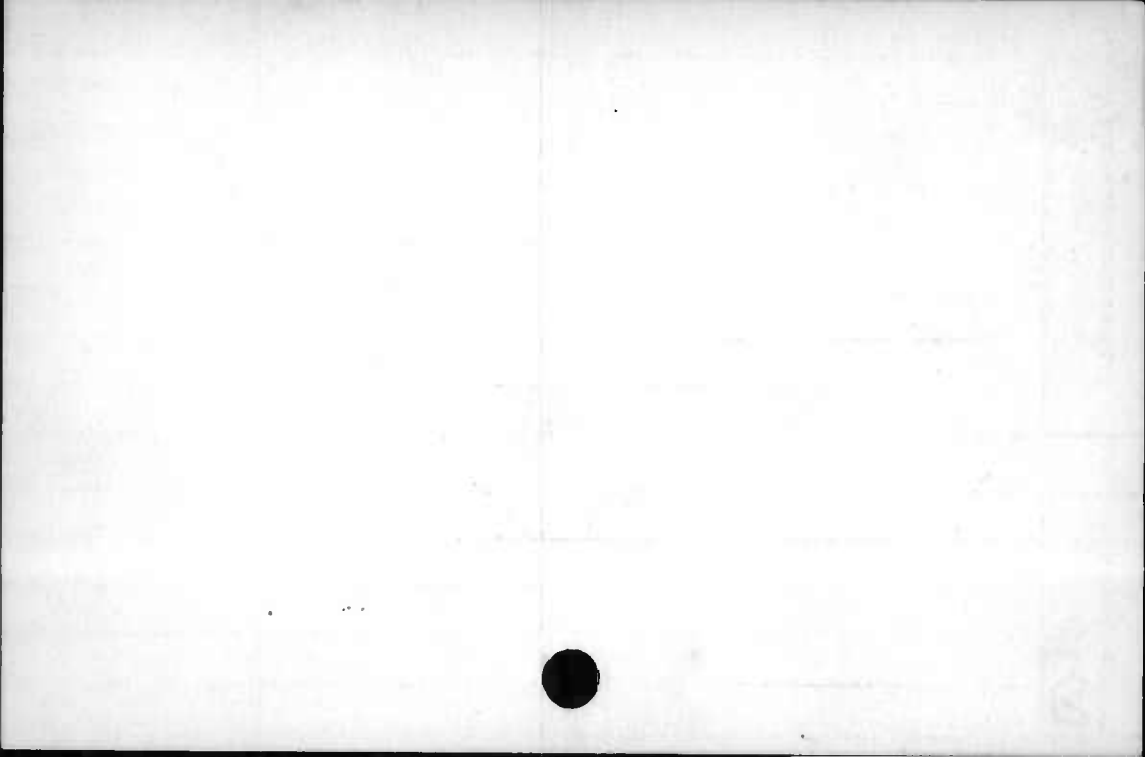
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Indevul</i> <sup>Town</sup>		<i>Indevul</i> - <sup>County</sup>		MARYLAND	
Date of death <i>1905</i>	Month <i>1</i>	Day <i>18</i>	Years <i>X</i>	Months <i>3</i>	Days <i>X</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Indevul</i>	
Occupation <i>X</i>			Where Residing if not at place of death <i>X</i>		
<del>Married</del> Single		Name of Wife or Husband <i>X</i>			
Father's Name <i>J. H. Griffe</i>			Father's Birthplace <i>Va -</i>		
Mother's Maiden Name <i>Miss Birkenhead</i>			Mother's Birthplace <i>Va</i>		
Name of person giving Information			How related to deceased		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Tuberculosis -</i>	How long <i>28</i>
Immediate <i>Cerebro Spinal Meningitis</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes -</i>	Signature of Physician <i>Franklin Buchanan</i>
	Address <i>Indevul - Md</i>
Accident or Suicide?	



Name  
in  
Full

Martha Guesey

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Walkersville* Town

*Frederick* County

Date of death 190*8*

*Jan* Month

*27* Day

*77* Age

*5* Months

*16* Days

Sex *Female*

Color or Race *white*

Birth-place *Walkersville, Md.*

Married, Single or Widowed *Single*

Occupation *housewife*

Name of Wife or Husband *Theodore Guesey*

Father's Name *John Nickhase*

Father's Birthplace *Fredk Co. Md.*

Mother's Maiden Name

Mother's Birthplace *" " "*

Name of person giving information *J. S. Nicodemus*

How related to deceased *in no way*

CAUSES OF DEATH

Primary *64*

How long *5 months*

Immediate *Paralysis - Cerebral hemorrhage*

How long

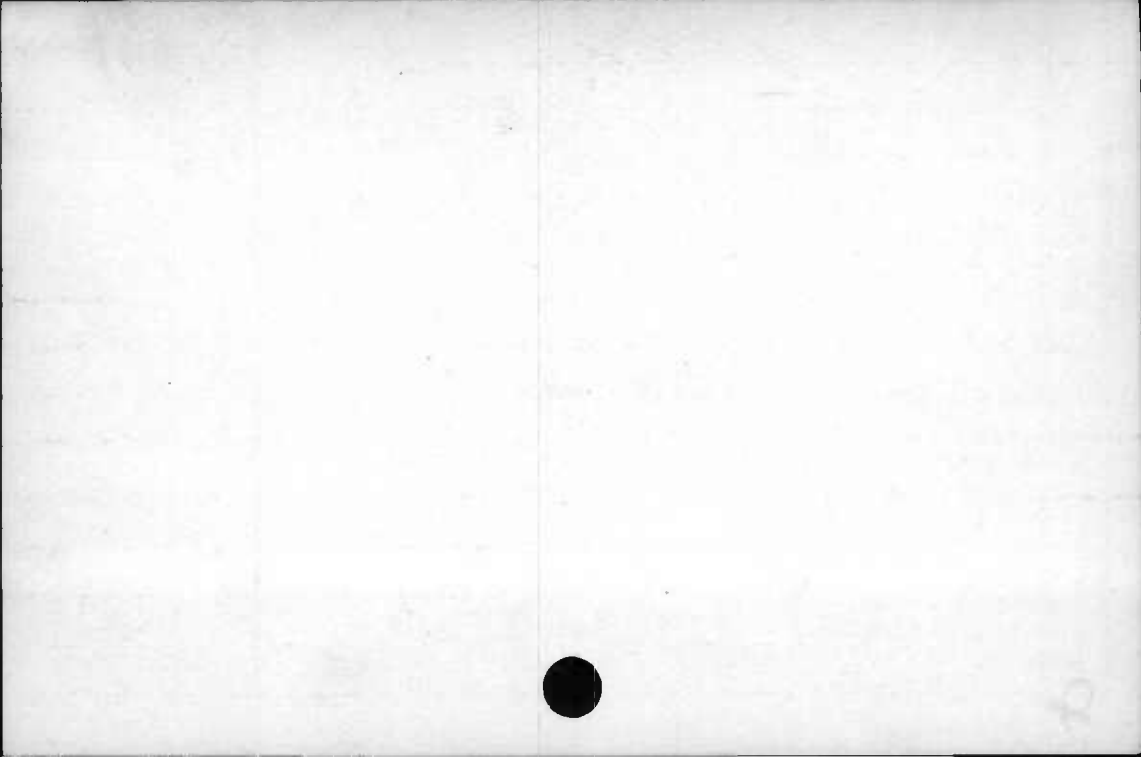
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *J. S. Nicodemus*

Address *Walkersville, Md.*

Accident or Suicide?

PHYSICIAN  
OR CORONER





Name  
in  
Full

Miss Susanna H Hammond

## CERTIFICATE OF DEATH

MARYLAND

Died at <sup>Town</sup> Frederick<sup>County</sup> FredkDate  
of death 1905Month  
1Day  
3Age  
Years 75Months  
—Days  
—

Sex Female

Color or  
Race WhiteBirth-  
place MdOccupation  
at HomeWhere Residing if not  
at place of death

Same

~~Married~~, Single  
~~Widowed~~Name of Wife or  
Husband

X

Father's  
Name Walter C. HammondFather's  
Birthplace MdMother's  
Maiden Name Matilda M. WorthingtonMother's  
Birthplace MdName of person giving  
In formation Eugenia HammondHow related  
to deceased Sister

## CAUSES OF DEATH

Primary Tuberculosis

How long 20 years

Immediate Exhaustion

How long 2 weeks

Are the name, age, sex, color, date  
and place correctly given above?

Yps

Signature of  
Physician

Address

Chas. F. Goodell, M.D.

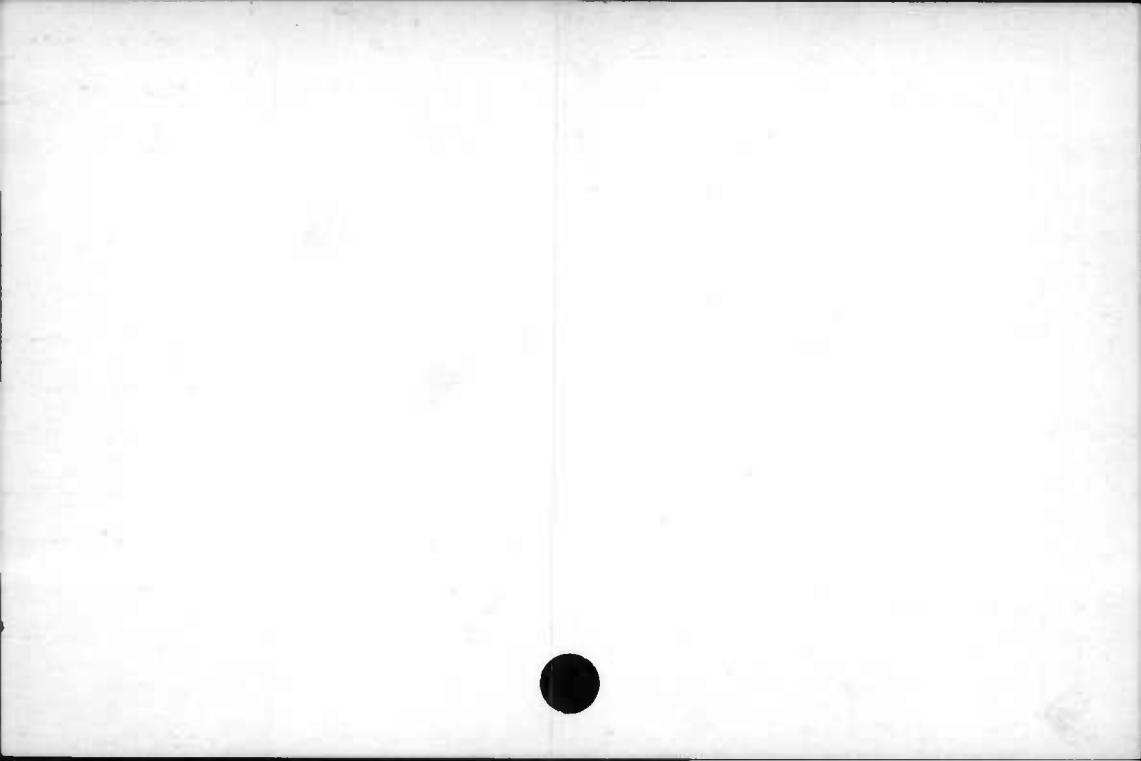
Frederick, Md

Accident or Suicide?

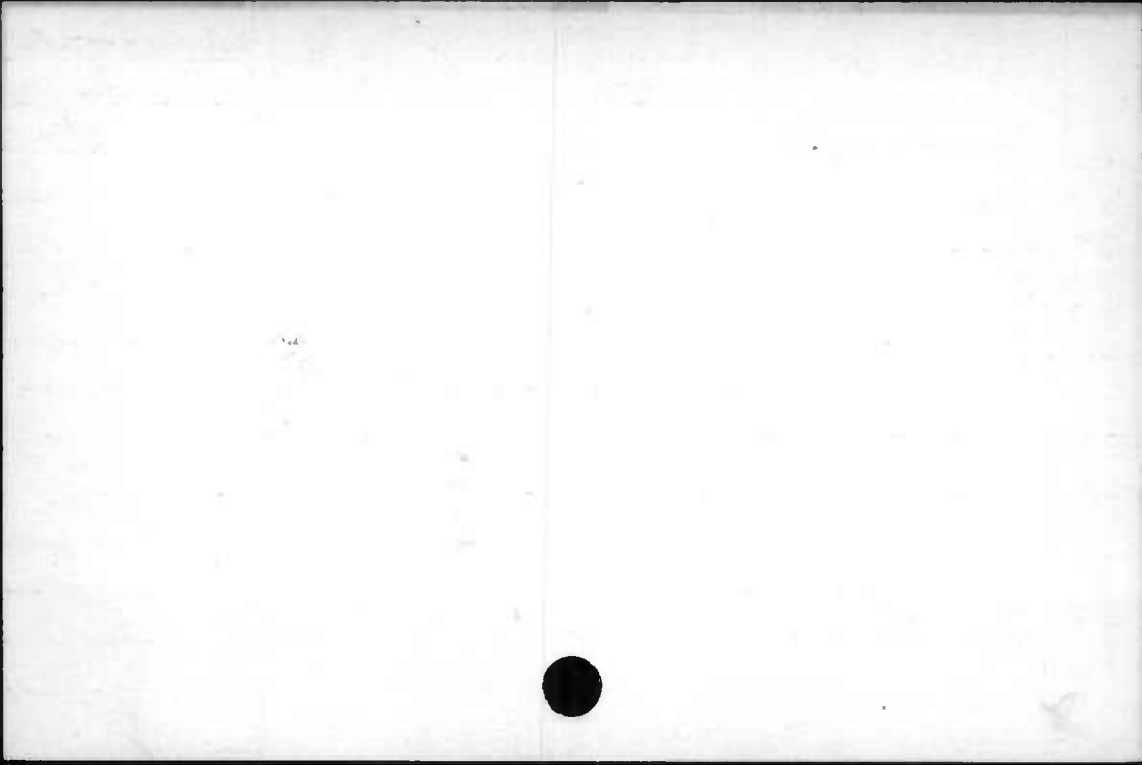
X

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

2



Name in Full		CERTIFICATE OF DEATH						
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Bur Pittsville</i> <sup>Town</sup> <i>Fred's</i> <sup>County</sup>				MARYLAND		
		Date of death <i>1905</i>		Month <i>1</i>	Day <i>5</i>	Age <i>44</i>	Months	Days
		Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Va</i>		
		Occupation <i>Housewife</i>			Where Residing if not at place of death			
		Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Joshua Hawes</i>				
		Father's Name <i>John Peggarty</i>			Father's Birthplace <i>Va</i>			
		Mother's Maiden Name <i>Rebecca Piddisill</i>			Mother's Birthplace <i>Va</i>			
		Name of person giving information <i>Joshua Hawes</i>			How related to deceased <i>Husband</i>			
		CAUSES OF DEATH						
PHYSICIAN OR CORONER		Primary <i>Tuberculosis + Carcinoma</i>			How long <i>One year</i>			
		Immediate <i>Exhaustion</i>			How long <i>Immediate</i>			
		Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>			Signature of Physician <i>Geo. Yount</i>			
					Address <i>Bur Pittsville Md</i>			
		Accident or Suicide?						



Name  
in  
Full

## CERTIFICATE OF DEATH

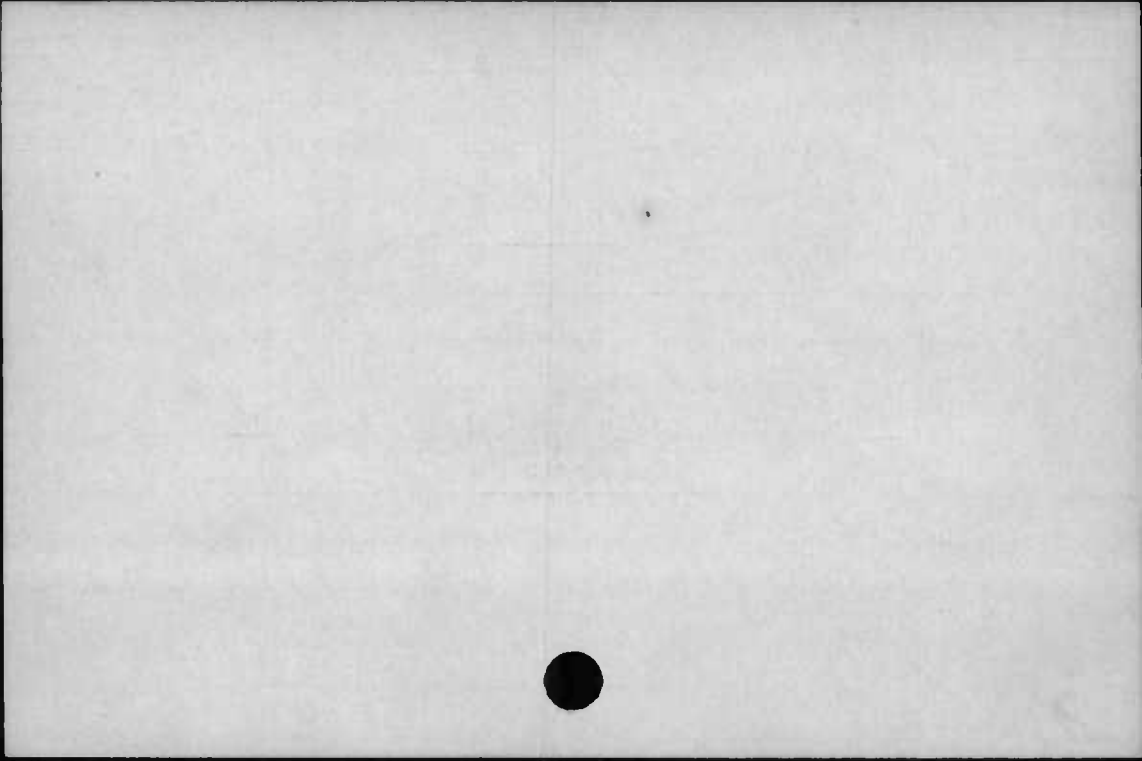
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1906		Jan	18	60	2	11	
Sex	male	Color or Race	colored	Birth-place	md		
Occupation	none			Where Residing if not at place of death			
Married, Single or Widowed	single			Name of Wife or Husband			
Father's Name	Eugene J. Hardy				Father's Birthplace	md	
Mother's Maiden Name	anna Willerson				Mother's Birthplace	md	
Name of person giving information	Eugene Hardy				How related to deceased	father	

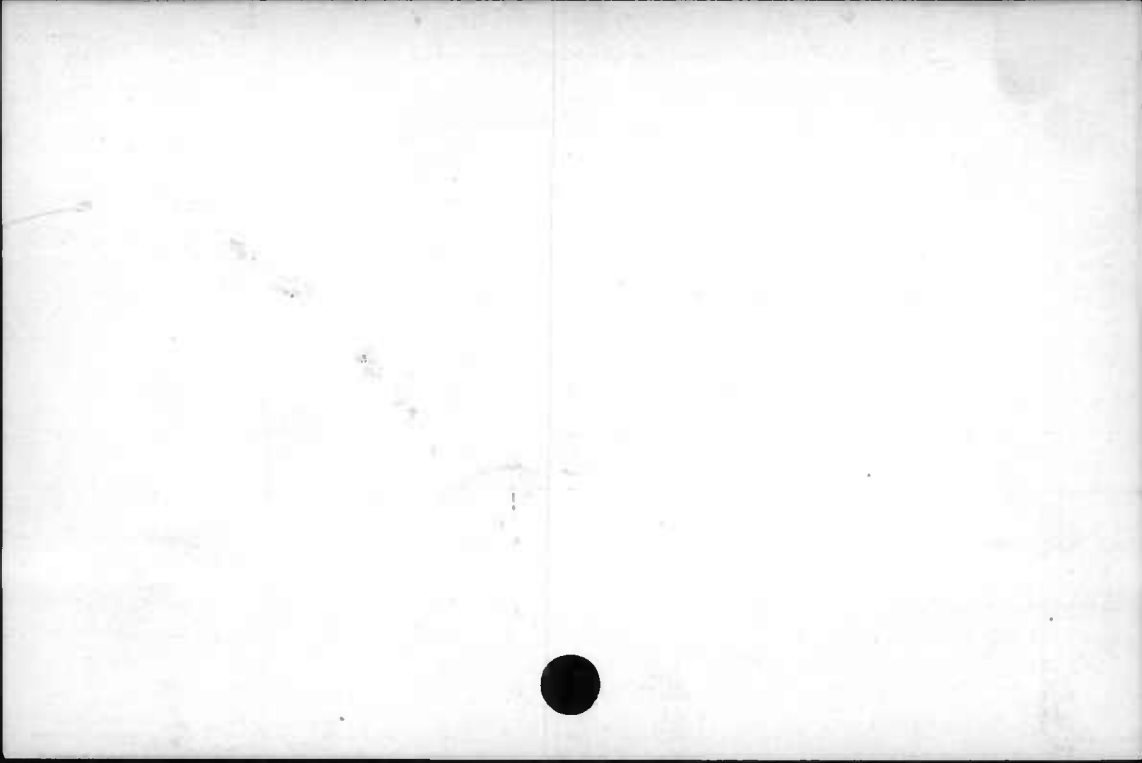
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	typhoid fever	How long	2 weeks
Immediate	meningitis	How long	3 days
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	alt Horning
		Address	Brunswick
			md
Accident or Suicide?	no		



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Frederick</i>		County <i>Frederick</i>		MARYLAND
	Date of death	Month <i>July</i>	Day <i>29</i>	Age <i>26</i>	Months <i></i> Days <i></i>
	Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Mo</i>	
	Occupation <i>Barber</i>	Where Residing if not at place of death <i></i>			
	Married, Single or Widowed	Name of Wife or Husband			
	Father's Name	Father's Birthplace			
	Mother's Maiden Name <i>Margaret Hill</i>	Mother's Birthplace			
	Name of person giving information	How related to deceased			
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary	<i>Cerebral Hemorrhage?</i>		How long	<i>Six hours.</i>
	Immediate	<i>Embolism by Cancer, degenerated artery</i>		How long	<i></i>
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Geo. W. Bundy</i>		
			Address <i></i>		
	Accident or Suicide?				





Name  
in  
Full

Leroy — Hill

## CERTIFICATE OF DEATH

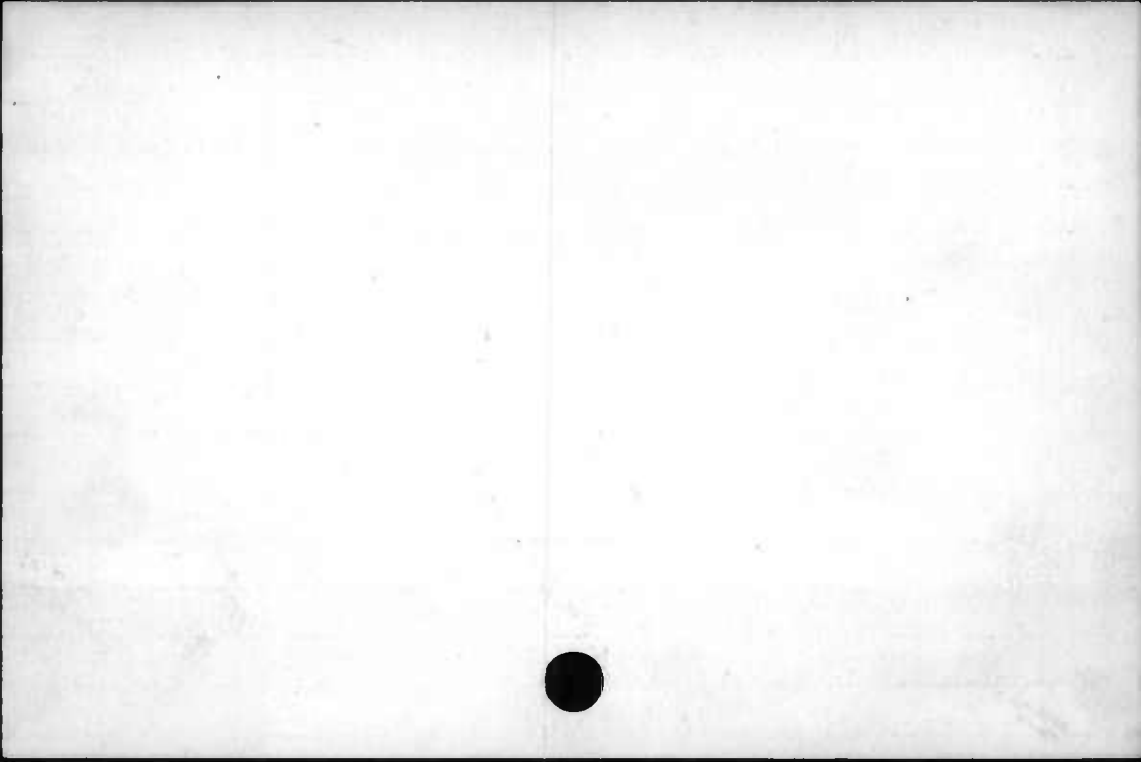
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Unionville</i>		Town <i>Frederick</i>		County		MARYLAND	
Date of death <i>1905</i>	Month <i>Jan</i>	Day <i>17</i>	Age <i>1</i>	Years <i>1</i>	Months <i>3</i>	Days <i>3</i>	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birthplace <i>Maryland</i>			
Occupation <i>None</i>			Where Residing if not at place of death				
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Heldon Hill</i>				Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>Rosa Hobbs</i>				Mother's Birthplace <i>Maryland</i>			
Name of person giving information <i>Heldon Hill</i>				How related to deceased <i>Father</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Marasmus</i>	How long <i>3 months</i>
Immediate <i>Exhaustion</i>	How long <i>about 2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Thos. P. Sappington M.D.</i>
	Address <i>Unionville, Maryland.</i>
Accident or Suicide?	



# CERTIFICATE OF DEATH

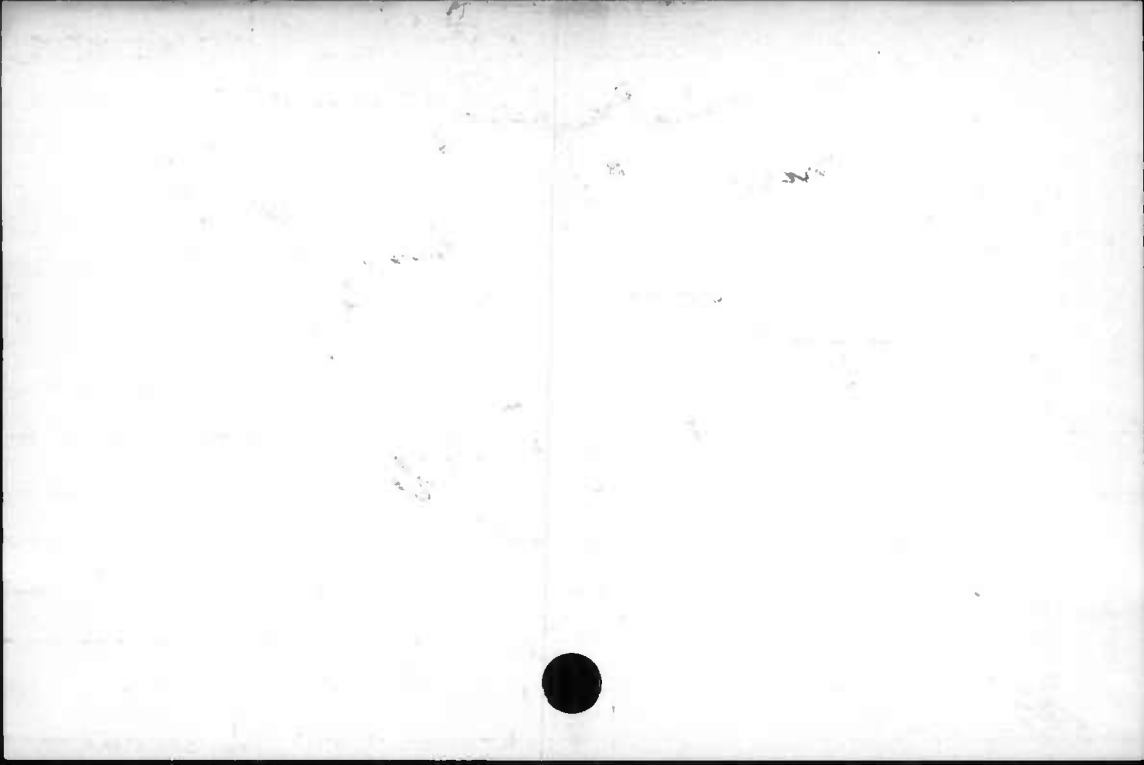
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Frederick</i>		County <i>Frederick</i>		MARYLAND	
Date of death	190 <i>5</i>	Month <i>Jan</i>	Day <i>8</i>	Age <i>—</i>	Months <i>—</i> Days <i>1 hrs.</i>
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Frederick</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Clifford Eugene Holland</i>		Father's Birthplace <i>Frederick</i>			
Mother's Maiden Name <i>Betty Holland</i>		Mother's Birthplace <i>"</i>			
Name of person giving information <i>Susan Holland</i>		How related to deceased <i>Grandmother</i>			

### CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Premature Birth	How long
	(51)	How long
Immediate		
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	U. G. J. [unclear] M.D.
	Address	Fredricks md
Accident or Suicide?		



Name in Full		No. 1.		CERTIFICATE OF DEATH	
Harry E. Hooper		Frederick		MARYLAND	
Died at <i>near Jainsville</i>		County			
Date of death	1905	Month	1	Day	2
Age	1	Years	1	Months	4
Sex	male	Color or Race	white	Birthplace	Maryland
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name	Jas. O. Hooper			Father's Birthplace	Maryland
Mother's Maiden Name	Lillie M. Hooper			Mother's Birthplace	"
Name of parson giving information	Grant Hooper 150			How related to deceased	Brother
CAUSES OF DEATH					
Primary	Congenital malformation of Heart			How long	Since Birth
Immediate	Pulmonary Haemorrhage			How long	24 hours.
Are the name, age, sex, color, date and place correctly given above?	yes			Signature of Physician	H. H. Hopkins Jr
				Address	New Market, Maryland
Accident or Suicide?	no				



TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

# CERTIFICATE OF DEATH

## MARYLAND

County  
Frederick

Days

Sex

Maie

Color or Race

White

Birth-  
place

Creque elonido

Occupation:

Where Residing if not  
at place of death

Married, Single  
or WidowedName of Wife or  
Husband

Father's  
Name

Willow Jackson

Father's Birthplace

Handwritten signature: *Handwritten signature*

Mother's  
Maiden Name

Lucia Jackson

Mother's Birthplace

## New Midway

Name of person giving  
In formation

Father of Child

How related  
to deceased

### CAUSES OF DEATH

### Primary

Poisoning itself with medicine  
accidentally.

How long

1 hour

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

Physician

Mr. H Bieley Not Present

Address

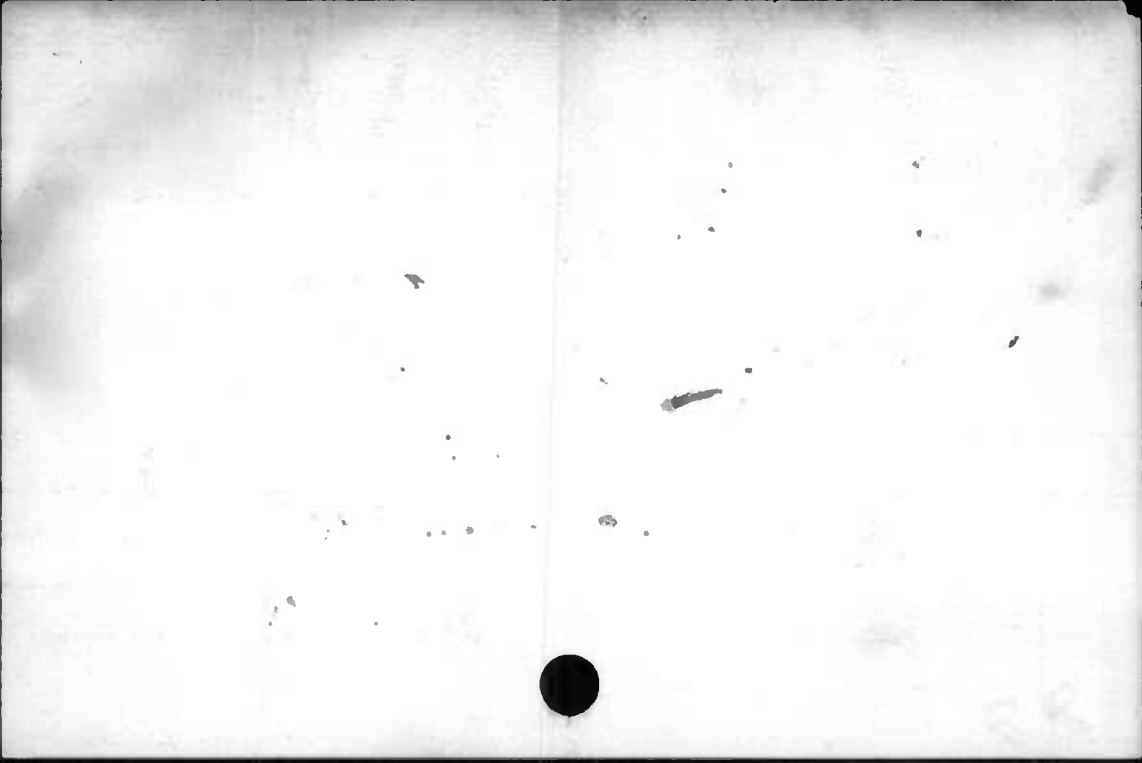
until after a bath

Rept. by Dr. Shauclis

### Accident or ~~suicide~~?

Accidents

*Unautaker at Woodstock*





Name In Full

Certificate of Death

Mrs W<sup>m</sup> Jones  
near Town  
Died at Woodville

County

No. 2,  
Frederick State

MARYLAND

1905-  
Date 1905-  
Month 1. Day 19  
Age 54  
Y. M. D.  
Native of Md  
Occupation Housewife  
Male White Married Widow Divorced  
Female Colored Single Widower  
Number of children living 0

Husband of Wm Jones  
Wife

Father's Name Henry M. Hyatt

Mother's Name Rhoda A. Hyatt

Cause of Primary Bright's Disease

How long sick

20

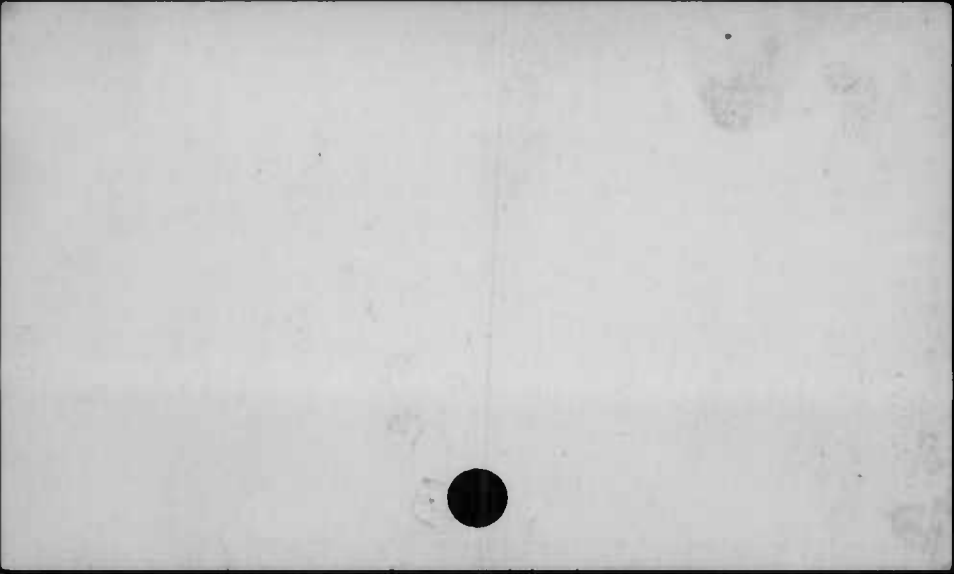
Death Immediate Uremic Convulsions

Accident, Suicide, Homicide

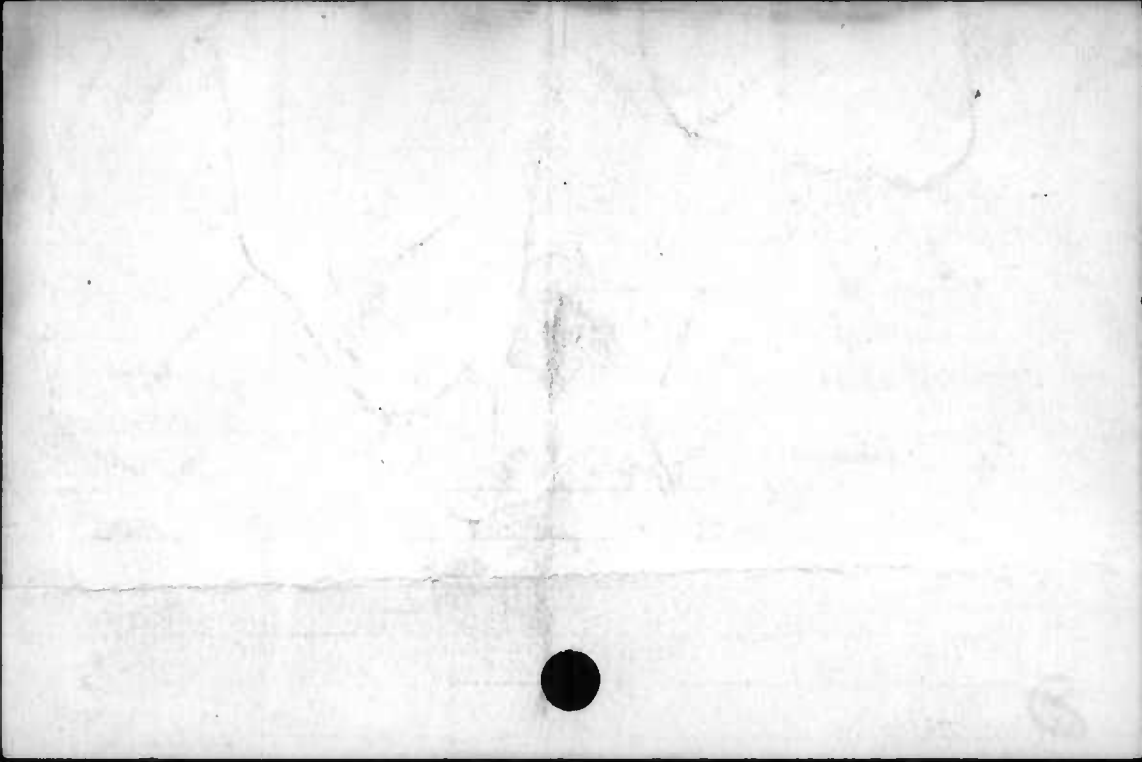
Reported by David M. Dewilbiss

Address Woodville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full		CERTIFICATE OF DEATH			
Mary Krise		Town Near Fowille		County Frederick	
Died at		MARYLAND			
Date of death	1905	Month	1	Day	31
Age	83	Years		Months	3
Sex	Female	Color or Race	White	Birth-place	Md
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband John Krise				
Father's Name	Jacob Ridenour			Father's Birthplace	Md
Mother's Maiden Name	Elizabeth Flora			Mother's Birthplace	Md
Name of person giving information	E. H. Krise			How related to deceased	Son
CAUSES OF DEATH					
Primary		Old Age		How long	
Immediate				How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Address	
E. E. Black, Jr., D.O.		J. H. Miller, M.D.		Health Officer	
Accident or Suicide?					



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

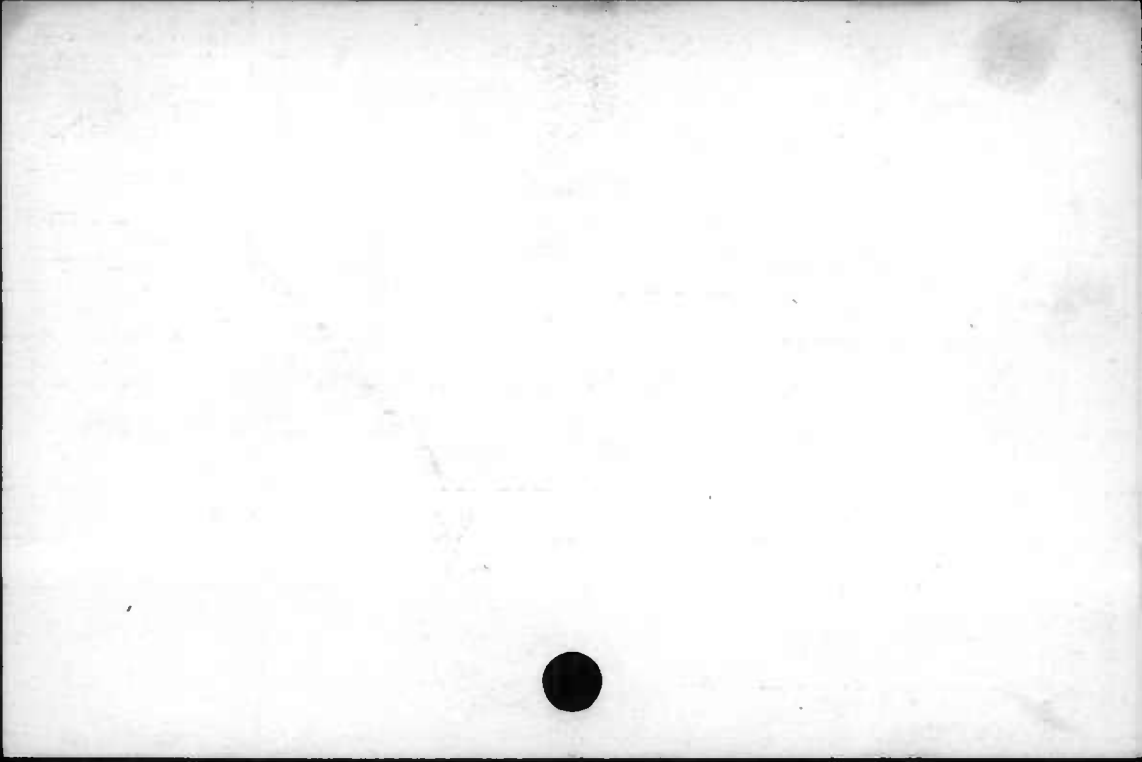
MARYLAND

Name *George A. String* Town *Commitsburg* County *Frederick*  
 Died at  
 Date of death *1905* Month *1* Day *7* Age *11* Years Months *5* Days *17*  
 Sex *male* Color or Race *white* Birth-place *md*  
 Occupation *Child* Where Residing If not at place of death *Commitsburg md*  
 Married, Single or Widowed \_\_\_\_\_ Name of Wife or Husband \_\_\_\_\_  
 Father's Name *Lewis String* Father's Birthplace *md*  
 Mother's Maiden Name *Susan Bowers* Mother's Birthplace *"*  
 Name of person giving information *Susan String* How related to deceased *Mother*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Weak lungs* How long *From infancy*  
 Immediate *Phthisis* How long *8-10 weeks*  
 Are the name, age, sex, color, date and place correctly given above? *yes*  
 Signature of Physician *Robert L. Arman*  
 Address *Commitsburg md*  
 Accident or Suicide? *no*



Name  
in  
Full

Daphne E Layman

## CERTIFICATE OF DEATH

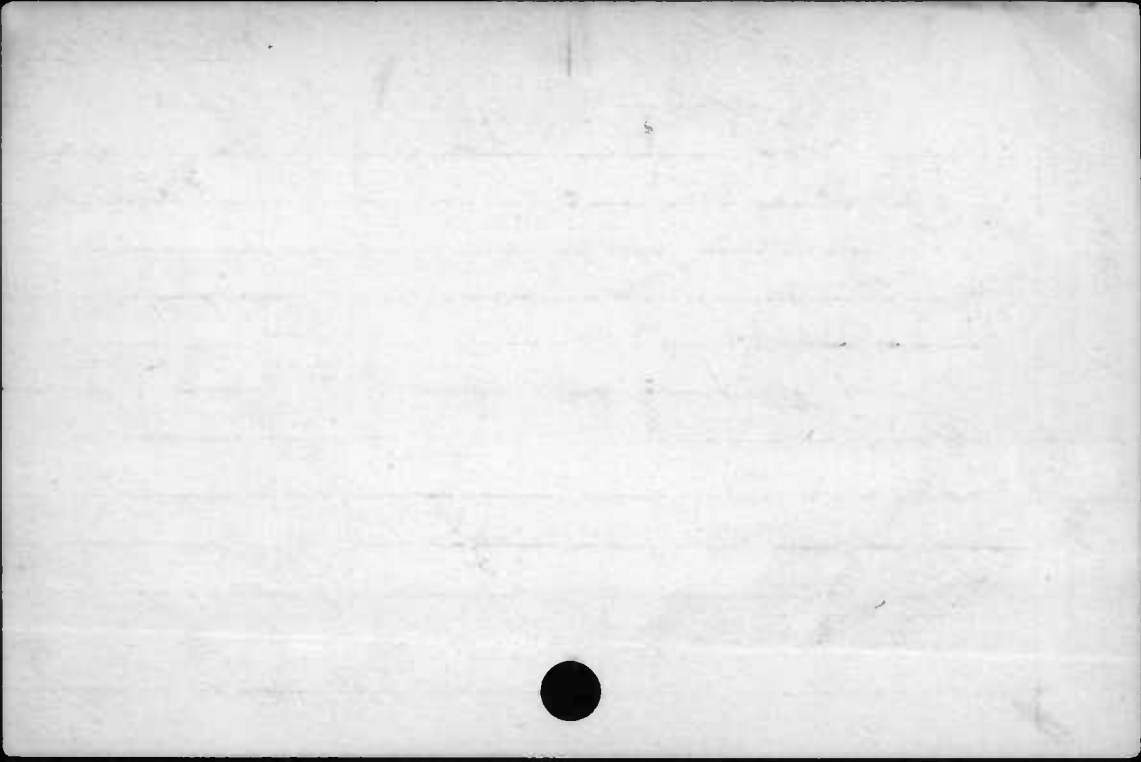
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>new Museum</i>		Town <i>Breda</i>		County		MARYLAND	
Date of death 190	5	Month <i>Jan</i>	Day <i>12</i>	Age <i>72</i>	Years	Months <i>11</i>	Days <i>23</i>
Sex <i>female</i>	Color or Race <i>white</i>		Birth- place <i>Craigs town Md</i>				
Married, Single or Widowed <i>Widowed</i>		Occupation <i></i>					
Name of Wife or Husband <i>Sis Layman</i>							
Father's Name <i>Henry K. Smith</i>				Father's Birthplace			
Mother's Maiden Name <i>Mary K. Smith</i>				Mother's Birthplace			
Name of person giving information <i>Ben Layman</i>				How related to deceased			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Paresis</i>	How long <i>2 yrs -</i>
Immediate <i>Bronchitis Pneumonia</i>	How long <i>10 da</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Morris A. Baily</i>
	Address <i>Museum</i>
<input checked="" type="checkbox"/> Accident or Suicide?	





Name  
in  
Full

## CERTIFICATE OF DEATH

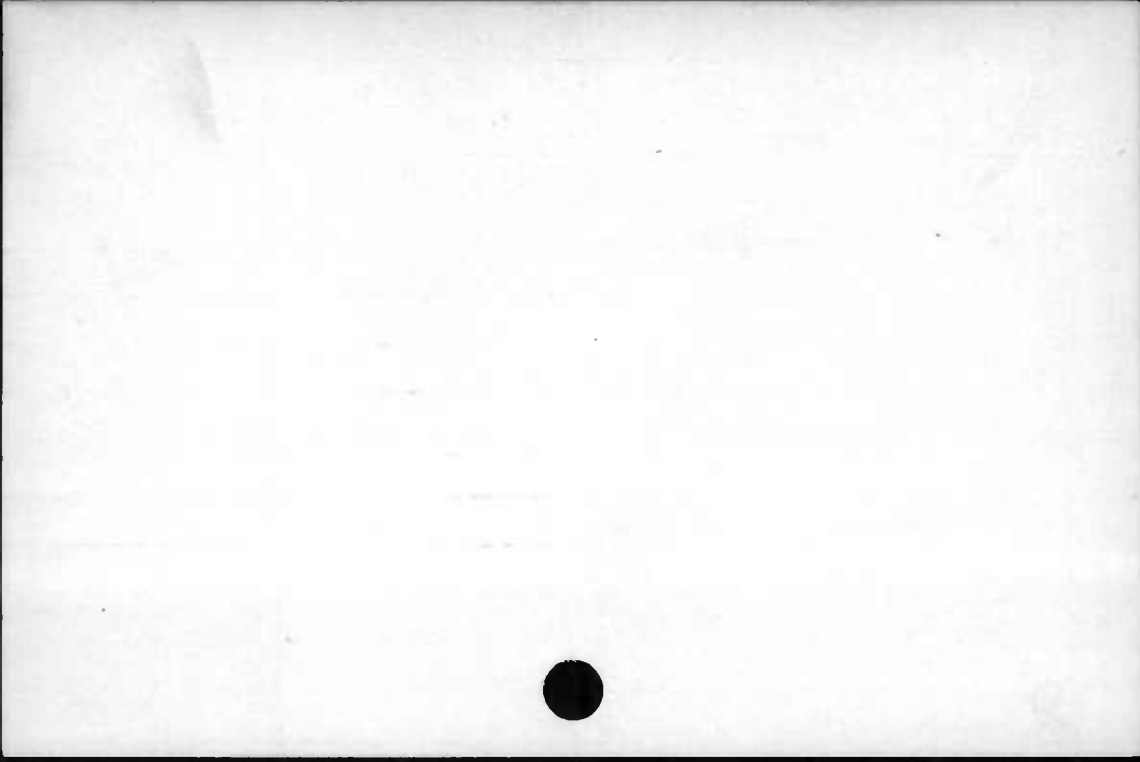
TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>Julia Elizabeth Lee</i>		Town <i>Flint Hill</i>		County <i>Ind</i>		MARYLAND			
Died at Date of death 190 <i>5</i>		Month <i>Jan</i>		Day <i>22</i>		Age Years Months <i>6</i>		Days <i>4</i>	
Sex <i>Female</i>		Color or Race <i>colored</i>		Birth- place <i>md</i>					
Married, Single or Widowed				Occupation					
Name of Wife or Husband									
Father's Name <i>J. R. Lee</i>				Father's Birthplace <i>md</i>					
Mother's Maiden Name <i>Bessie Hill</i>				Mother's Birthplace <i>md</i>					
Name of person giving In formation <i>J. R. Lee</i>				How related to deceased <i>father</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pneumonia</i>	How long <i>10 days</i>
Immediate <i>Heart Failure</i>	How long <i>4 hrs</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>T. Clyde Rountree</i>
	Address <i>Buckey town md</i>
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Helen May Jones

Died at *Walkersville* Town*Frederick* County

MARYLAND

Date of death 1905

Month

1

Day

26

Age

Years

Months

14

Days

Sex

*Female*Color or  
Race*White*Birth-  
place*Co*Married, Single  
or Widowed

Occupation

*Child*Name of Wife or  
HusbandFather's  
Name*John Jones*Father's  
Birthplace*Co*Mother's  
Maiden Name*Sally P. Jones*Mother's  
Birthplace*Co*Name of person giving  
InformationHow related  
to deceased*Child*

## CAUSES OF DEATH

Primary

*Scarlet Fever*

How long

Immediate

How long

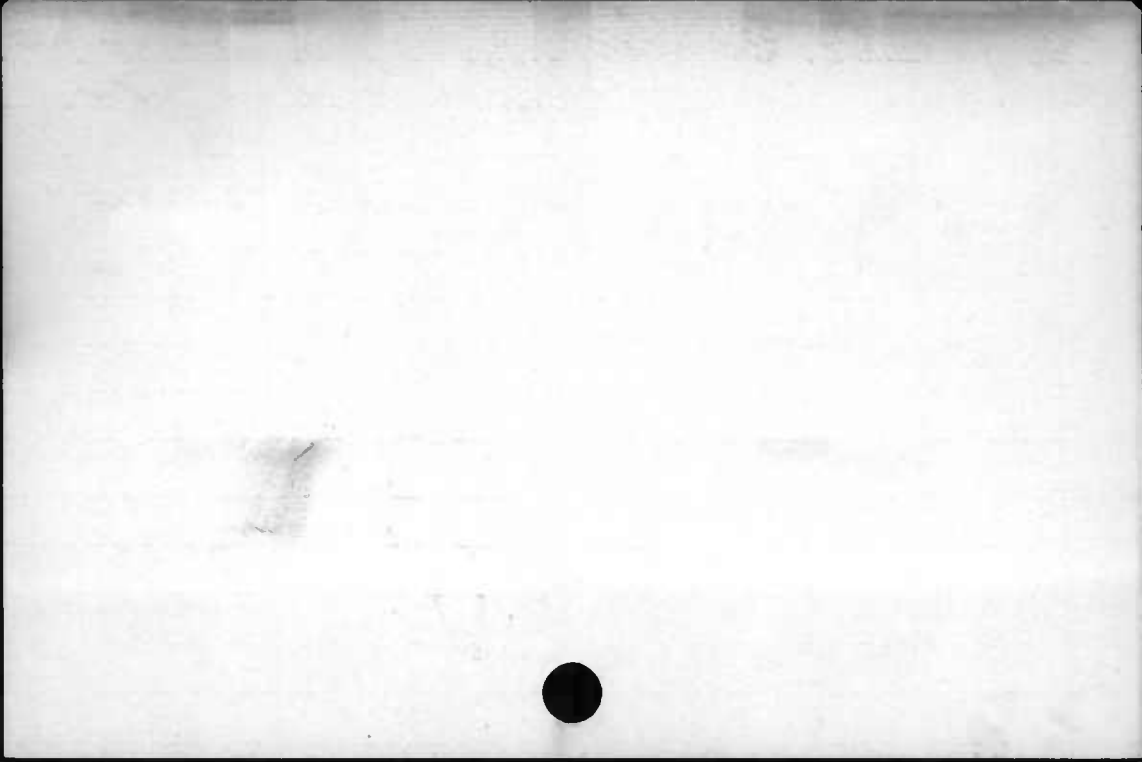
Are the name, age, sex, color, date  
and place correctly given above?*Yes*Signature of  
Physician


Address

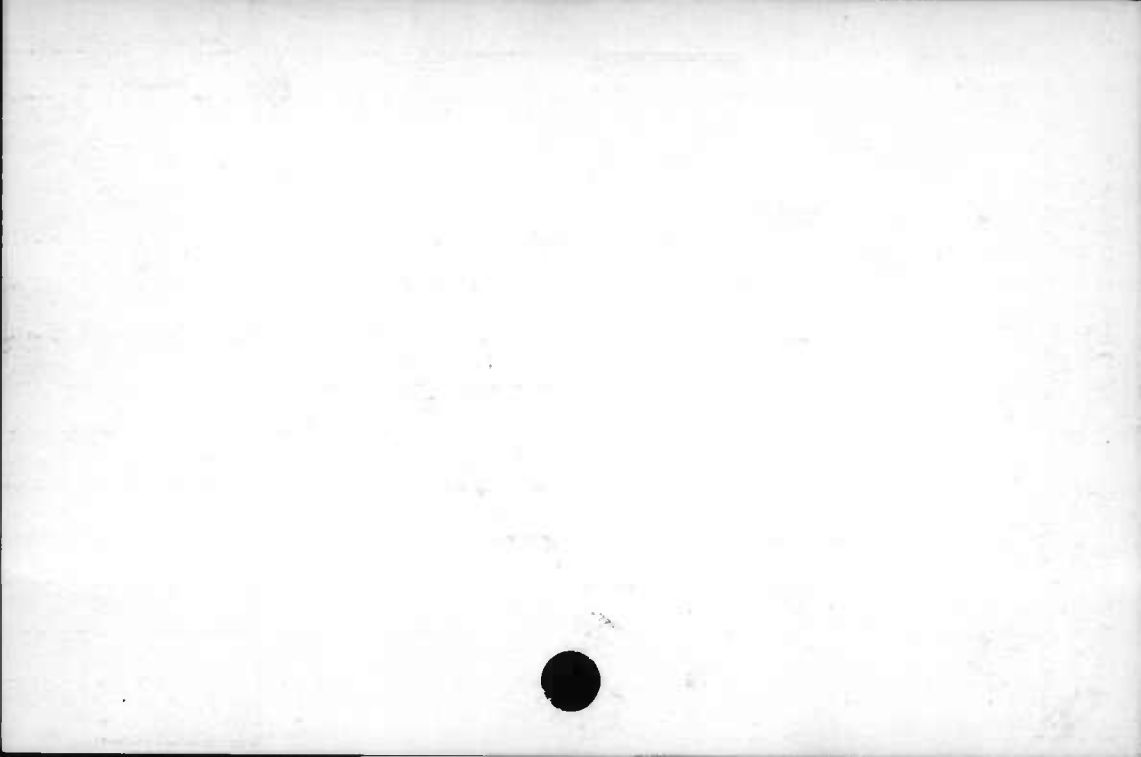
*Dr. E. W. Goldsmith  
Walkersville Md.*

Accident or Suicide?

PHYSICIAN  
OR CORONER



Name In Full		CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Frederick</i> <small>Town</small>		<i>Frederick</i> <small>County</small>		<b>MARYLAND</b>	
	Date of death <i>1905</i>	<i>Jan</i> <small>Month</small>	<i>22</i> <small>Day</small>	Age <i>30</i> <small>Years</small>	<i>3</i> <small>Months</small>	<i>14</i> <small>Days</small>
	Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>MD</i>		
	Occupation <i>Housewife</i>		Where Residing if not at place of death			
	Married, Single or Widowed <i>Married</i>	Name of <del>Wife</del> Husband <i>George B. McLeary</i>				
	Father's Name <i>C. V. S. Leary</i>		Father's Birthplace			
	Mother's Maiden Name		Mother's Birthplace			
	Name of person giving information <i>Sister</i>		<i>177</i> How related to deceased			
<b>CAUSES OF DEATH</b>						
PHYSICIAN OR CORONER	Primary <i>Acute Pulmonary tuberculosis.</i>		How long <i>1 yr</i>			
	Immediate <i>Asthma</i> <i>Cardiac Anasarca</i>		How long <i>3 days</i>			
	Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>		Signature of Physician <i>Dr. M. Cuddy</i>			
			Address 			
Accident or Suicide?						



Name  
in  
Full

William E. Mercer

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at *Frederick* TownCounty *Frederick*

MARYLAND

Date of death *1905* Month *1* Day *10* Age *7* Years Months DaysSex *Male* Color or Race *White* Birth-place *Ind*Occupation *Farmer & mechanic* Where Residing if not at place of death *Brookside, P.O. Md*Married, Single or Widowed *Married* Name of Wife or Husband

Father's Name

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving Information

How related to deceased

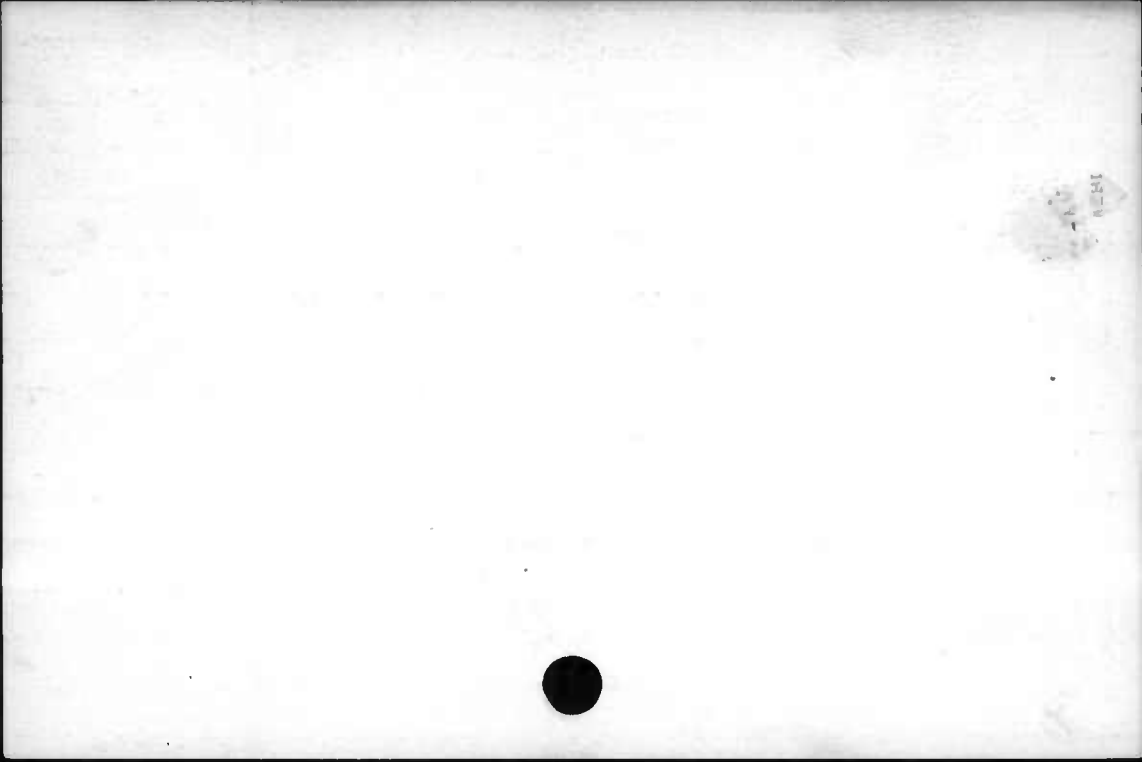
## CAUSES OF DEATH

Primary *Organic Heart Disease* How long *5 Years*Immediate *Paralysis of Valves of Heart* How long *Instantly*Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician

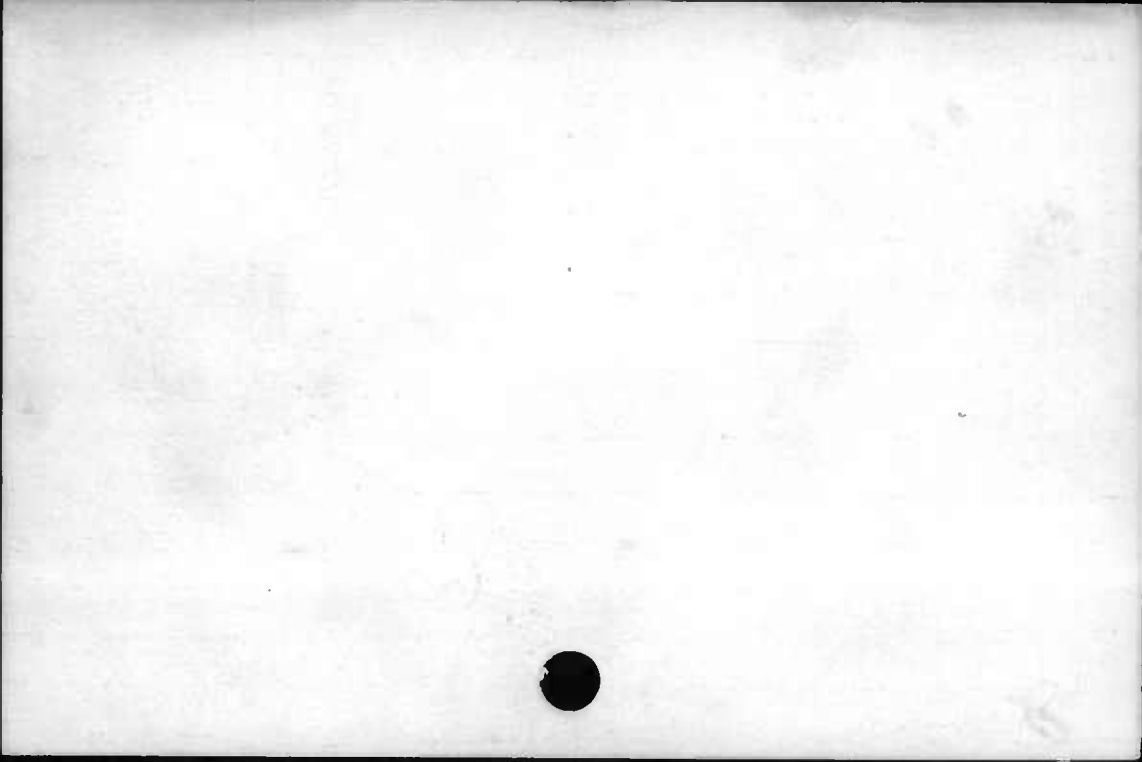
Address

*Wm. F. Goodlee M.D.**Frederick, Md.*Accident or Suicide? *No*

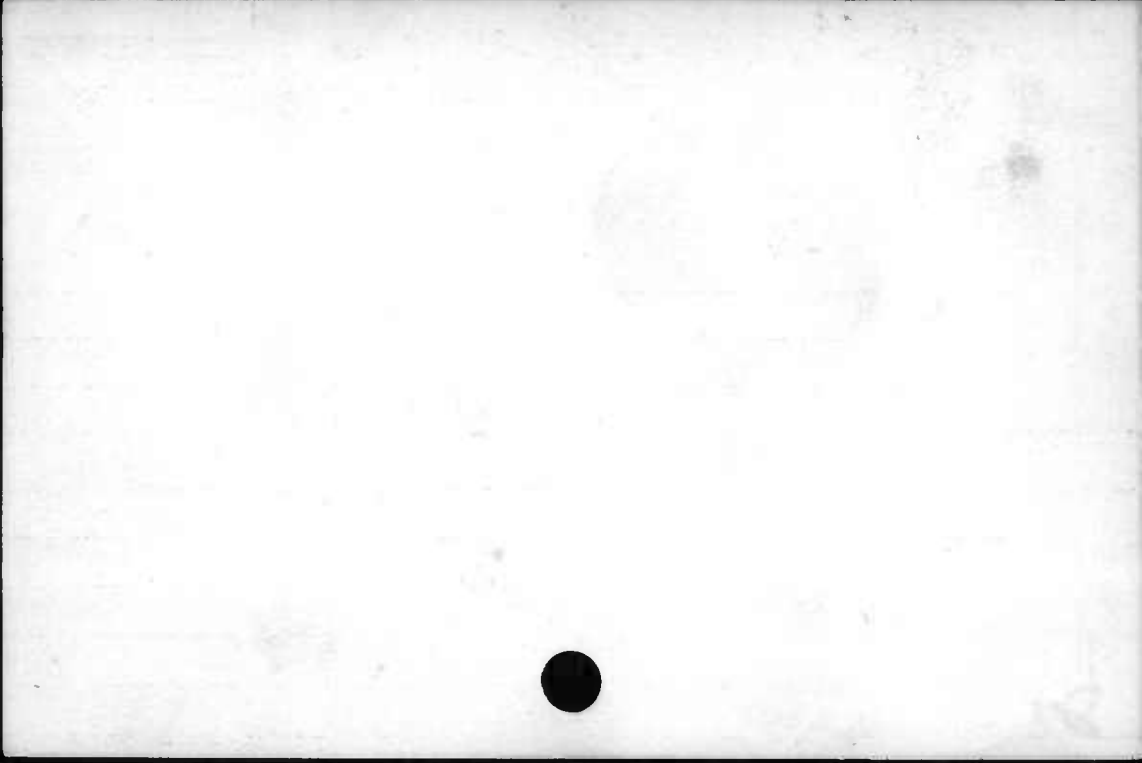




Name in Full <b>William H. Misener</b>		CERTIFICATE OF DEATH	
Died at <b>Garfield</b> <small>Town</small>		County <b>Fredrick</b>	
State <b>MARYLAND</b>			
Date of death <b>1905</b>	Month <b>Jan.</b>	Day <b>16</b>	Age <b>74</b> <small>Years</small>
Sex <b>Male</b>	Color or Race <b>white</b>	Birth-place <b>Maryland</b>	
Occupation <b>Laborer</b>	Where Residing If not at place of death <b>Garfield Md</b>		
Married, Single or Widowed <b>Married</b>	Name of Wife or Husband <b>Rebecca Misener</b>		
Father's Name <b>Joseph Misener</b>	Father's Birthplace <b>Md.</b>		
Mother's Maiden Name	Mother's Birthplace		
Name of person giving information <b>A. J. Smith</b>	How related to deceased <b>none</b>		
<b>CAUSES OF DEATH</b>			
Primary <b>General debility</b>	How long <b>about 5 yrs.</b>		
Immediate <b>Paralysis</b>	How long <b>3 wks.</b>		
Are the name, age, sex, color, date and place correctly given above? <b>yes</b>	Signature of Physician <b>A. J. Smith</b>		
	Address <b>Wolfsville Md</b>		
Accident or Suicide? <b>X</b>			



Name in Full		more		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST	Died at <u>Brunswick</u> Town		<u>Fredrick</u> County		MARYLAND
	Date of death <u>1905</u>	Month <u>Jan.</u>	Day <u>8</u>	Age	Years Months Days <u>1</u>
	Sex <u>male</u>	Color or Race <u>white</u>	Birth-place <u>md</u>		
	Occupation	Where Residing if not at place of death			
	Married, Single or Widowed	Name of Wife or Husband			
	Father's Name	<u>Samuel Edward Moore</u>	Father's Birthplace	<u>md</u>	
	Mother's Maiden Name	<u>Mary Jane Peach</u>	Mother's Birthplace	<u>md</u>	
TO BE ANSWERED BY NEAREST	Name of person giving information	<u>Sam. E. Moore</u>	How related to deceased	<u>father</u>	
	CAUSES OF DEATH				
PHYSICIAN OR CORONER	Primary	<u>malformation of heart or blood vessels</u>		How long	<u>1 day</u>
	Immediate			How long	
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Address	
	<u>Yes</u>		<u>L. H. Treat</u>	<u>Brunswick. md</u>	
Accident or Suicide?					



Name  
in  
Full

Margaret L. Myer

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

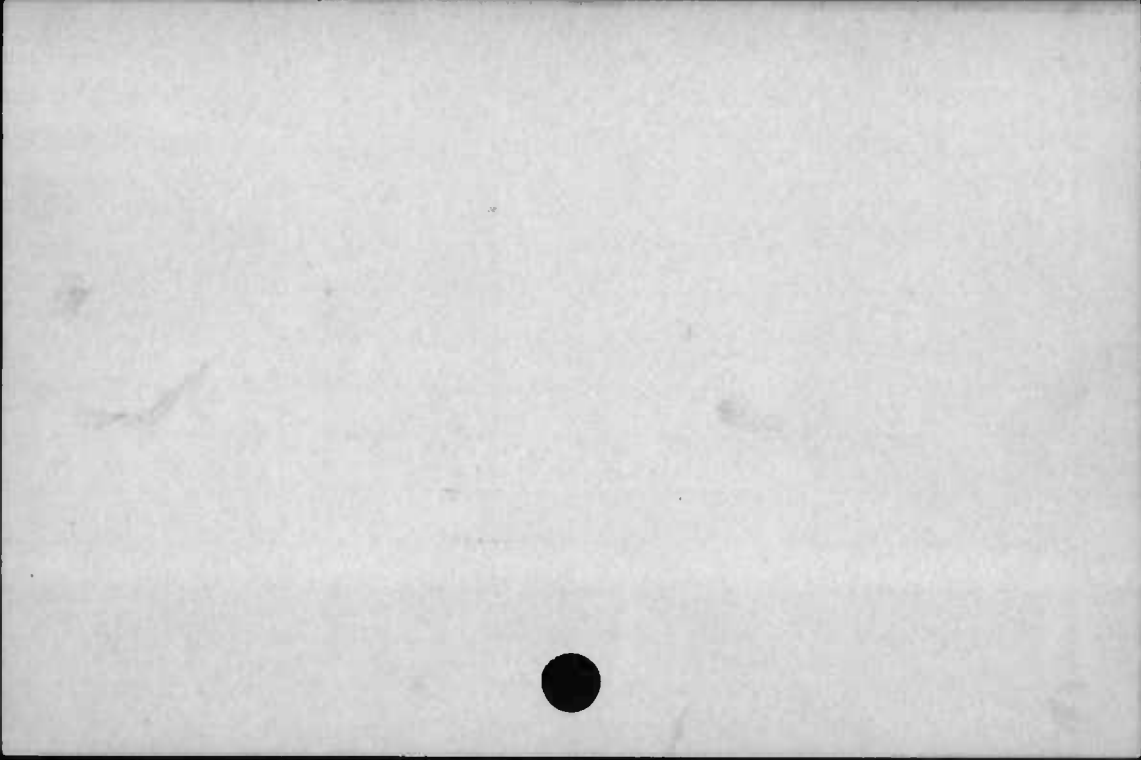
MARYLAND

Died at <i>Frederick</i>		Town <i>Frederick</i>		County <i>Frederick</i>	
Date of death <i>1905</i>	Month <i>1</i>	Day <i>13</i>	Age <i>64</i>	Years <i>5</i>	Months <i>16</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birthplace <i>Frederick Co. Md.</i>		
Occupation <i>House Wife</i>	Where Residing if not at place of death <i>Same</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>John J. Myer</i>				
Father's Name <i>David C. Thomas</i>	Father's Birthplace <i>F. Co. Md.</i>				
Mother's Maiden Name <i>Elizabeth Stauffer</i>	Mother's Birthplace <i>F. Co. Md.</i>				
Name of person giving information <i>H. Howard Warfield</i>	How related to deceased <i>Nephew</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Diabetes Mellitus</i>	How long <i>10 years</i>
Immediate <i>Heart Failure</i>	How long <i>50</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Wm. Crawford Johnson</i>
	Address <i>Frederick Md.</i>
Accident or Suicide? <i>—</i>	



Name  
in  
Full

Daniel Norman

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Frederick</i>		County <i>Frederick</i>		MARYLAND	
Date of death	1905	Month 1	Day 8	Age 60	Months	Days	
Sex	<i>Male</i>		Color or Race	<i>Black</i>		Birth-place	<i>Va</i>
Occupation	<i>Laborer</i>			Where Residing if not at place of death		<i>Same</i>	
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband				
Father's Name	<i>John Norman</i>					Father's Birthplace	<i>Va</i>
Mother's Maiden Name						Mother's Birthplace	
Name of person giving information	<i>John Louis</i>					How related to deceased	<i>Nephew</i>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Cold</i>	How long	<i>93</i>
Immediate	<i>Pneumonia</i>	How long	<i>1 week</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>None in attendance</i>
		Address	<i>Thomas P. Price</i>
Accident or Suicide?			<i>Funeral director</i>

Internment Jan 10<sup>th</sup> 05<sup>th</sup>  
" at Greenmount -  
Thomas P. Rice.



Name  
in  
Full

*Larry Mortimer Pantan*


CERTIFICATE OF DEATH

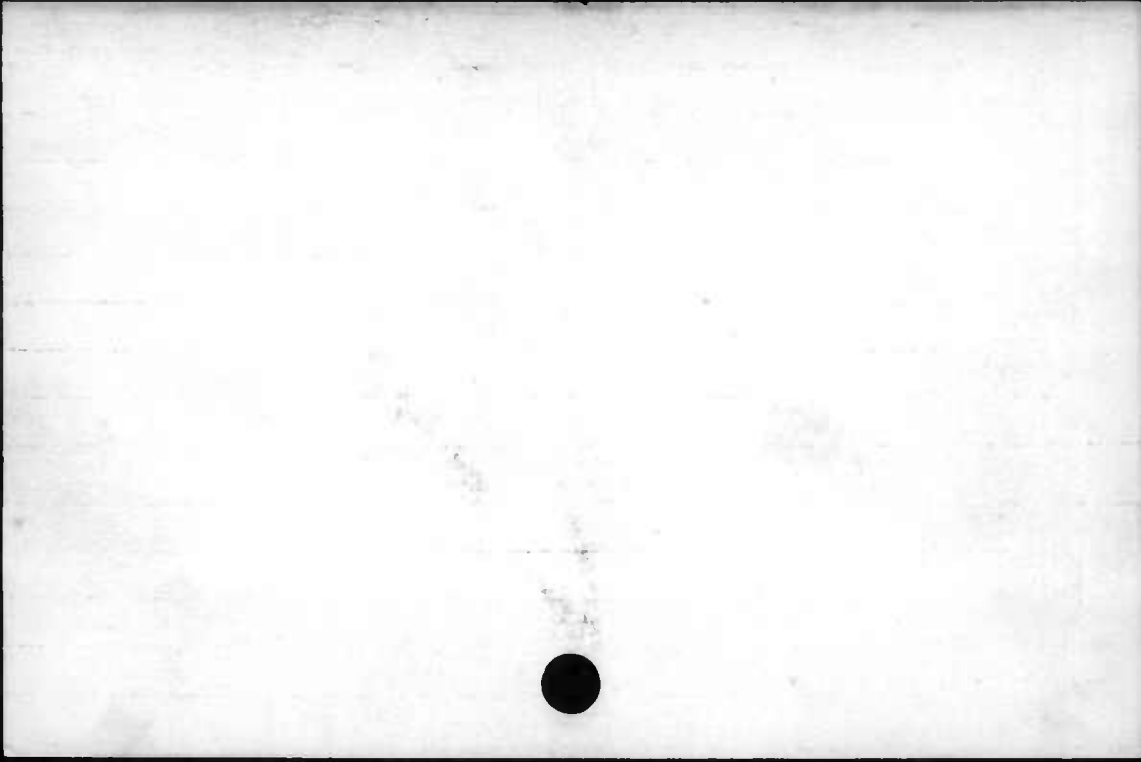
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Fredericks</i> <sup>Town</sup>		<i>Frederick</i> <sup>County</sup>		MARYLAND	
Date of death 190 <i>5</i> <sup>Month</sup> <i>Jan</i> <sup>Day</sup> <i>9</i>		Age <i>3</i> <sup>Years</sup>		Months <i>3</i>	Days <i>3</i>
Sex <i>Male</i>	Color or Race <i>X</i>	Occupation		Birth-place <i>Frederick</i>	
Married, Single or Widowed					
Name of Wife or Husband					
Father's Name				Father's Birthplace	
Mother's Maiden Name <i>Olive Pantan</i>				Mother's Birthplace <i>Louden Co. Va.</i>	
Name of person giving information				How related to deceased	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Suppression of Urine.</i>	How long
Immediate <i>Eclampsia.</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. M. C. Cuddy</i>
	Address 
Accident or Suicide?	



Name  
in  
Full

Baby Reddick

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Walkersville</i>		Town <i>Walkersville</i>		County <i>Frederick</i>		MARYLAND	
Date of death 1900	Month <i>Jan.</i>	Day <i>30</i>	Age	Years	Months <i>2</i>	Days	
Sex <i>male</i>	Color or Race <i>white</i>		Birth- place <i>Frederick Co. Md.</i>				
Married, Single or Widowed			Occupation				
Name of Wife or Husband							
Father's Name <i>Belius B. Reddick</i>				Father's Birthplace <i>Frederick Co. Md.</i>			
Mother's Maiden Name <i>Laura Dedrow</i>				Mother's Birthplace "			
Name of person giving Information				How related to deceased			

## CAUSES OF DEATH

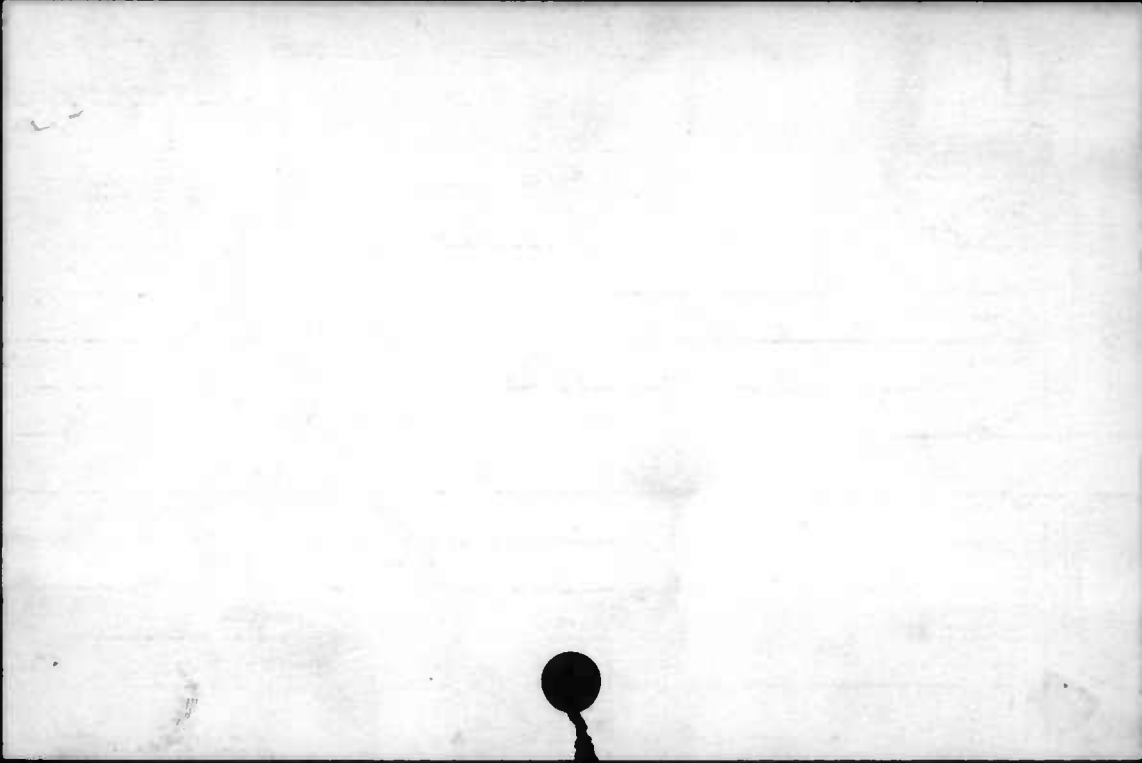
PHYSICIAN  
OR CORONER

Primary <i>Pneumonia</i>	How long
Immediate	How long <i>weak</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. S. McCombs</i>
	Address <i>Walkersville</i>
	<i>Md.</i>
Accident or Suicide?	



Name in Full <b>Mary Elizabeth Ridebaugh</b>		CERTIFICATE OF DEATH	
Died at <b>Brunswick</b> <sup>Town</sup>		<b>Frederick</b> <sup>County</sup>	
Date of death <b>1905</b> <sup>Month</sup> <b>Jan</b> <sup>Day</sup> <b>12</b>		Age <b>48</b> <sup>Years</sup> <b>Months</b> <b>Days</b>	
Sex <b>Female</b>	Color or Race <b>White</b>	Birth-place <b>Ind.</b>	
Occupation <b>Housework</b>	Where Residing if not at place of death		
Married, Single or Widowed <b>Widow</b>	Name of Wife or Husband <b>George W. Ridebaugh</b>		
Father's Name <b>John Shetton</b>	Father's Birthplace <b>Ind.</b>		
Mother's Maiden Name <b>Eliza Turner</b>	Mother's Birthplace <b>Ind.</b>		
Name of person giving information <b>Mrs. Martha News.</b>	How related to deceased <b>Sister</b>		

CAUSES OF DEATH	
Primary <b>Causes of Thromb</b>	How long <b>1 year</b>
Immediate <b>Hæmia and Sarcæmia</b>	How long <b>1 week</b>
Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>	Signature of Physician <b>Levin Keck</b>
	Address <b>Brunswick Frederick Co</b>
Accident or Suicide?	



George F. W. Roelke

Town

County

Died at

Frederick

Frederick

MARYLAND

Date 1905

Month

Day

Y.

M.

D.

Native of

Occupation

Jan. 14

Age 66.6.12

German Stone cutter

Male

White

Married

Widow

Divorced

Number of children living

5

~~Female~~~~Colored~~~~Single~~~~Widower~~

Husband of

Mary C. Roelke

Wife

Father's

Name

Geo. Roelke

Mother's

Maiden Name

Annie C. Henry

Cause of

Primary

Apoplexy

How long sick

One week

Death

Immediate

Paralysis of heart

~~Accident, Suicide, Homicide~~

Reported by

J. O. Hendrix, M.D.  
Frederick, Md.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name  
in  
Full

Mary E. Rowe

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Emmitsburg* <sup>Town</sup> *Frederick* <sup>County</sup>  
 Date of death *1905* <sup>Month</sup> *1* <sup>Day</sup> *6* <sup>Age</sup> *10* <sup>Years</sup> *11* <sup>Months</sup> *0* <sup>Days</sup>

Sex *Female* Color or Race *white* Birth-place *MD*  
 Occupation *Child* Where Residing if not at place of death *Emmitsburg, Md*  
 Married, Single or Widowed \_\_\_\_\_ Name of Wife or Husband \_\_\_\_\_

Father's Name *Samuel L. Rowe* Father's Birthplace *MD*  
 Mother's Maiden Name *Mary L. Horner* Mother's Birthplace *"*  
 Name of person giving information *Julia A. Zeck* How related to deceased *Cousins.*

## CAUSES OF DEATH

Primary *Membranous Croup* How long *6 days*  
 Immediate *Strangulation -* How long *Four minutes*

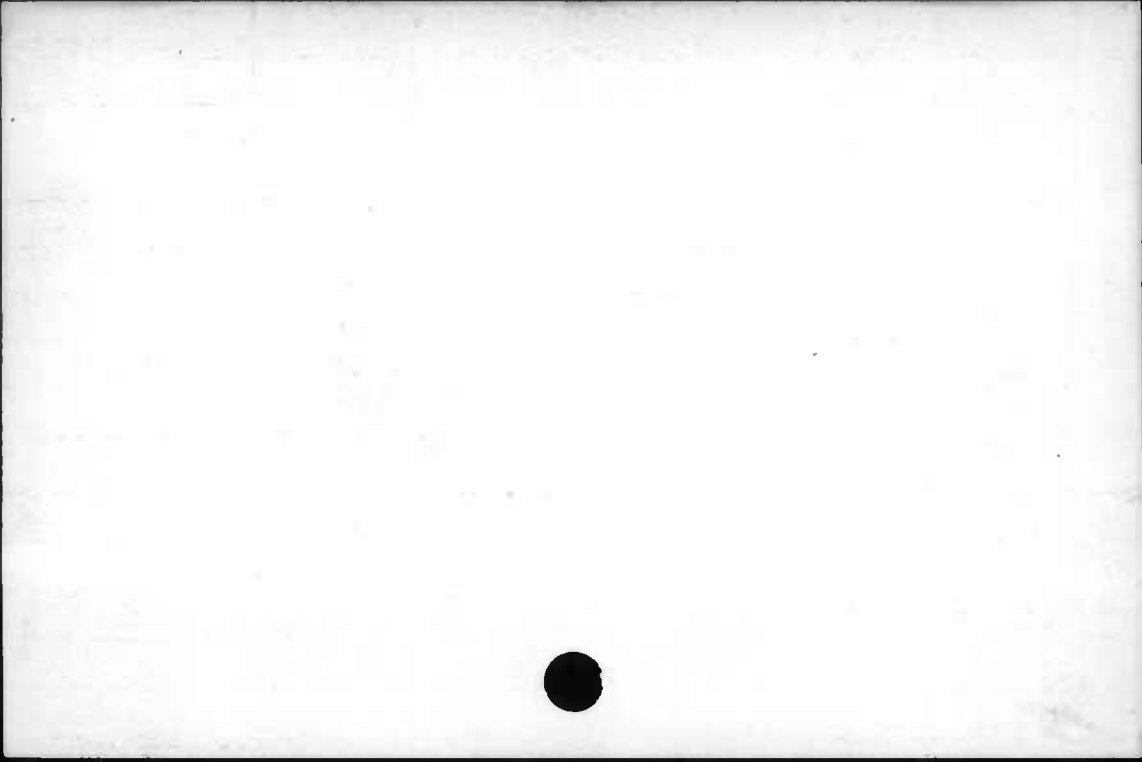
Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician

Address

*Daniel E. Stone*  
*Emmitsburg, Md.*

Accident or Suicide?



Name  
in  
Full

Mr Solomon Saylor

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> <i>Near Union Bridge</i>		<sup>County</sup> <i>Frederick</i>		MARYLAND	
Date of death <i>1905</i>	<sup>Month</sup> <i>1</i>	<sup>Day</sup> <i>2</i>	<sup>Years</sup> <i>75</i>	<sup>Months</sup> <i>7</i>	<sup>Days</sup> <i>24</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>	
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>Albaugh</i>			Father's Birthplace <i>md</i>		
Mother's Maiden Name <i>Harris</i>			Mother's Birthplace <i>md</i>		
Name of person giving information <i>W. D. Brown</i>			How related to deceased		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Burn one third body Surface</i>	How long
Immediate <i>Shock</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>They are</i>	Signature of Physician <i>D. E. Miller M.D.</i>
	Address <i>Health Officer</i>
Accident <del>or</del> Suicide?	



Name  
in  
Full

Mrs. L. H. Seaman

## CERTIFICATE OF DEATH

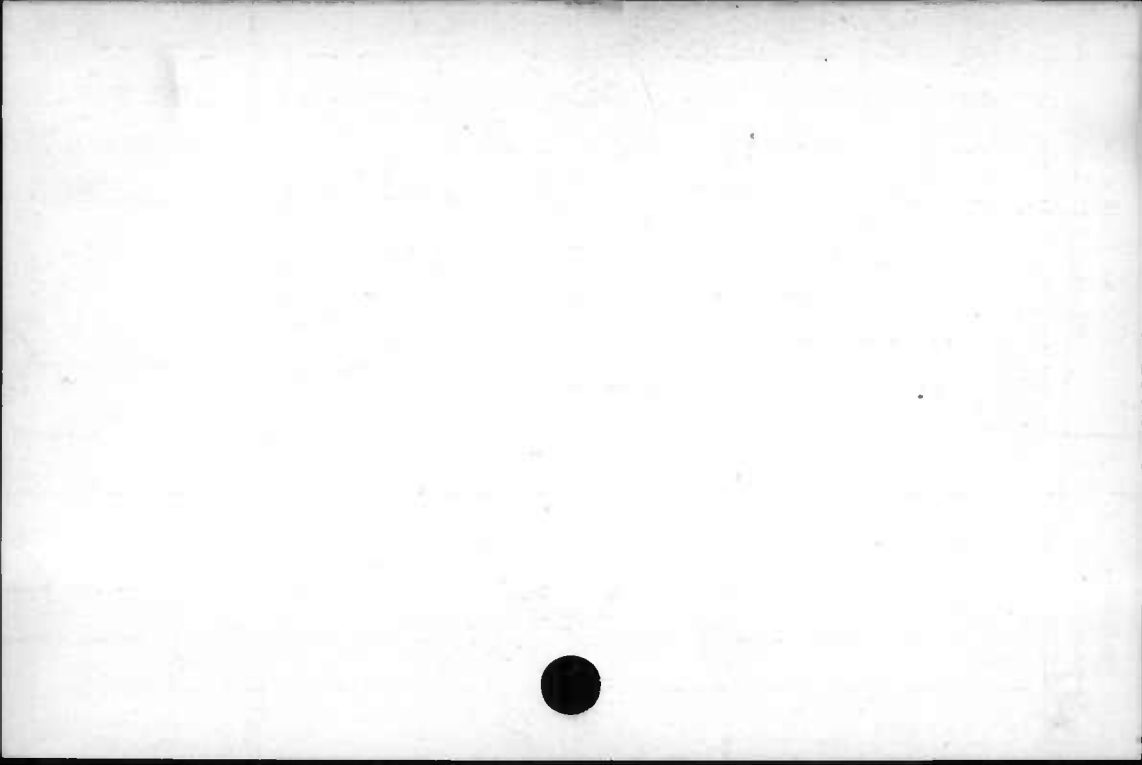
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Montone Hospital</i>		Town <i>Frederick</i>		County		MARYLAND	
Date of death <i>1905</i>	Month <i>January</i>	Day <i>9</i>	Age <i>74</i>	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place				
Occupation <i>—</i>			Where Residing if not at place of death <i>X</i>				
Married, Single or Widowed <i>X</i>			Name of Wife or Husband <i>X</i>				
Father's Name			Father's Birthplace				
Mother's Maiden Name			Mother's Birthplace				
Name of person giving information			How related to deceased				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Paralysis</i>	How long <i>16</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>R. L. Lyman</i>
	Address <i>Frederick</i>
	<i>Med.</i>
Accident or Suicide?	



Name in Full		Apholonia Sebald				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Emmitsburg</i>		Town <i>Frederick</i>		County		MARYLAND
	Date of death	<i>1905</i>	Month <i>January</i>	Day <i>24</i>	Age	Years <i>94</i>	Months <i>1</i> Days <i>28</i>
	Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth-place <i>Emmitsburg Md</i>
	Occupation	<i>None</i>		Where Residing if not at place of death			
	Married, Single or Widowed	<i>Widow</i>		Name of Wife or Husband	<i>Nickolas Sebald (decd)</i>		
	Father's Name	<i>David Hoover</i>				Father's Birthplace	<i>Emmitsburg Md</i>
	Mother's Maiden Name	<i>Rider</i>				Mother's Birthplace	<i>Emmitsburg Md</i>
Name of person giving information	<i>John D. Sebald</i>				How related to deceased	<i>Son</i>	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	<i>Paralisi's</i>				How long	<i>One day</i>
	Immediate					How long	
	Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>				Signature of Physician	<i>J. W. Eichhulger</i>
						Address	<i>Emmitsburg Md</i>
Accident or Suicide?							





Name  
in  
Full

Caroline Schroedel

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at *Frederick* <sup>Town</sup>*Frederick* <sup>County</sup>

MARYLAND

Date of death *1905*Month *1*Day *15*Age *74*Months *11*Days *26*Sex *Female*Color or Race *White*Birthplace *Md.*Occupation *H. W.*Where Residing if not at place of death ☒~~Married~~ Single or WidowedName of Wife or Husband *John Schroedel*Father's Name ☒Father's Birthplace ☒Mother's Maiden Name ☒Mother's Birthplace ☒Name of person giving information *Charles Schroedel*How related to deceased *Son*

## CAUSES OF DEATH

Primary *Carcinoma Breast*How long *3 yrs*Immediate *Exhaustion*How long *4 weeks*Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *W. A. Long M.D.*  
Address *37 E. Baltimore St.  
Frederick Md*Accident or Suicide? ☒PHYSICIAN  
OR CORONER



Name  
In  
Full

Charles Garvie Smith

## CERTIFICATE OF DEATH

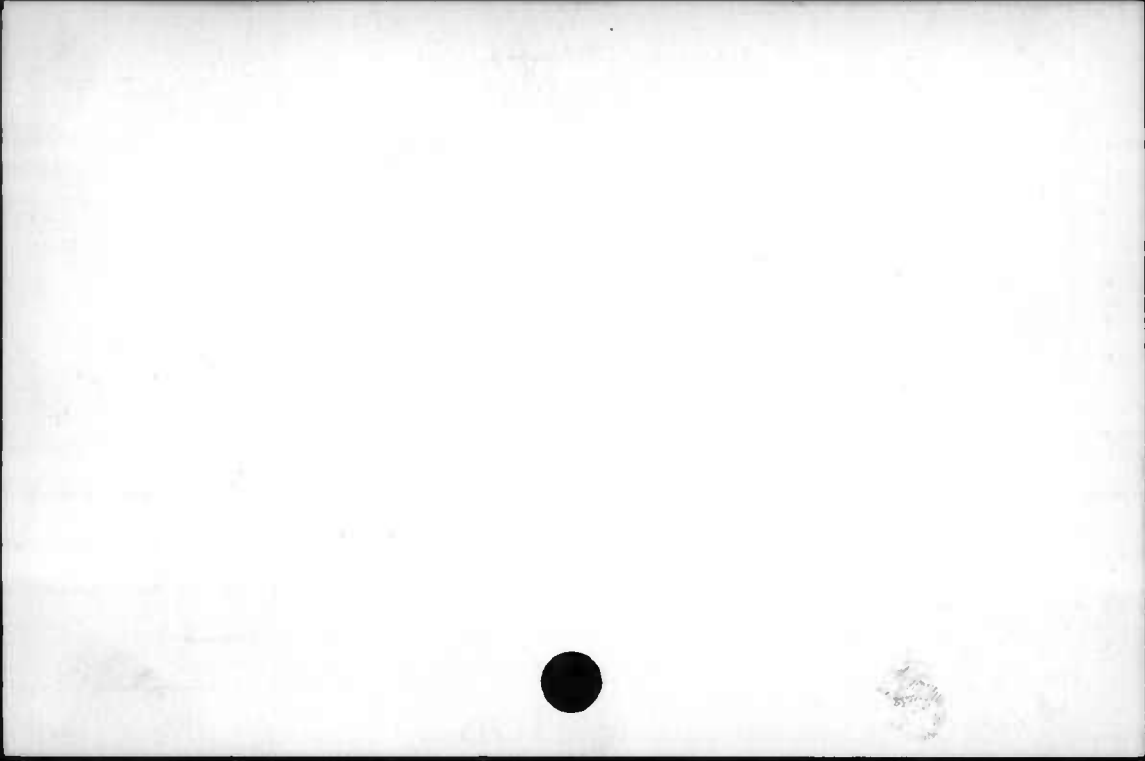
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Induriet</u> <small>Town</small>		<u>Induriet</u> <small>County</small>		MARYLAND	
Date of death <u>1905</u> <small>Month</small>	<u>July</u>	Day <u>25</u>	Age <u>63</u> <small>Years</small>	Months <u>X</u>	Days <u>14</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth place <u>Induriet</u>			
Occupation <u>Retired</u>	Where Residing if not at place of death <u>X</u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Mariae K. Smith</u>				
Father's Name <u>George Smith</u>	Father's Birthplace <u>Co</u>				
Mother's Maiden Name <u>Miss Mary Nixdorff</u>	Mother's Birthplace <u>Italy</u>				
Name of person giving Information <u>F. B. Smith</u>	How related to deceased <u>Bro.</u>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Paresis</u>	How long <u>5 years</u>
Immediate <u>Exhaustion</u>	How long <u>Two days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Franklin Buchanan</u>
	Address <u>Italy</u>
Accident or Suicide?	



TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <b>George Washington Spear</b>					CERTIFICATE OF DEATH	
Died at <b>Indenrich</b> <sup>Town</sup>			<b>Indenrich</b> <sup>County</sup>		MARYLAND	
Date of death <b>1905</b>		Month <b>1</b>	Day <b>13</b>	Age <b>54</b>	Months <b>4</b>	Days <b>26</b>
Sex <b>Male</b>		Color or Race <b>White</b>		Birth-place <b>Indenrich Co Md</b>		
Occupation <b>Farmer</b>			Where Residing if not at place of death			
Married, Single or Widowed <b>Married</b>		Name of Wife or Husband <b>Mary Foreman</b>				
Father's Name <b>John T Spear</b>				Father's Birthplace <b>Indenrich Co Md</b>		
Mother's Maiden Name <b>Mary E. McKinney</b>				Mother's Birthplace <b>" " "</b>		
Name of person giving information <b>Mrs Geo W Spear</b>				How related to deceased <b>Wife</b>		

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <b>Angina - Pectoris</b>	How long <b>4</b>
	Immediate <b>Stenopericarditis</b>	How long <b>10 or 12 months</b>
	Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <b>J. M. Johnson</b>
		Address <b>Indenrich Md.</b>
Accident or Suicide?		



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Date

of death 190

Month

Day

Age

Years

Months

Days

MARYLAND

Sex

Color or  
RaceBirth-  
placeMarried, Single  
or Widowed

Occupation

Name of Wife or  
HusbandFather's  
NameFather's  
BirthplaceMother's  
Maiden NameMother's  
BirthplaceName of person giving  
in formationHow related  
to deceased

## CAUSES OF DEATH

Primary

Immediate

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

Accident or Suicide?

PHYSICIAN  
OR CORONER

Interment at Mt Olivet  
" Jan 24—05

Thomas P. Rice



Name  
in  
Full

Sarah to

Taylor

## CERTIFICATE OF DEATH

Town

County

Died near Frederick

Frederick

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1905

January

24

Age

62

Sex

Female

Color or  
Race

White

Birth-  
place

Md

Occupation

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Married

Name of Wife or  
Husband

Eugene A. Taylor

Father's  
Name

Joseph Schell

Father's  
Birthplace

F. Co Md

Mother's  
Maiden Name

Catherine Grabill

Mother's  
Birthplace

" " "

Name of person giving  
In formation

Eugene A. Taylor

How related  
to deceased

Husband

## CAUSES OF DEATH

Primary

Influenza (La Grippe)

How long

1 week

Immediate

Heart failure

How long

24 hours

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

W. Crawford Johnson

Frederick  
Md

Accident or Suicide?

No

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name in Full		Certificate of Death					
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>William A Todd</i>		County <i>Frederick</i>			
		Town <i>Mt Pleasant</i>		State <i>MARYLAND</i>			
		Date of death <i>1905</i>	Month <i>Jan</i>	Day <i>14<sup>th</sup></i>	Years <i>74</i>	Months <i>10</i>	Days <i>1</i>
		Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place			
		Occupation <i>Farmer</i>	Where Residing if not at place of death				
		Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>Mary J Bowers</i>				
		Father's Name <i>Stephen Todd</i>	Father's Birthplace <i>Baltimore Md</i>				
		Mother's Maiden Name <i>Beader</i>	Mother's Birthplace				
Name of person giving information		How related to deceased					
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary <i>Bright's disease with valvular trouble of heart</i>	How long <i>two years</i>				
		Immediate <i>Apoplexy</i>	How long <i>20 hours</i>				
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>W. E. Stone</i>			
				Address			
		Accident or Suicide?					

W. B. Barty

Name

in  
Full



## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Emmitsburg</i>		County <i>Frederick</i>		STATE OF <i>MARYLAND</i>	
Date of death <i>1905</i>	Month <i>Janu</i>	Day <i>5</i>	Age <i>22</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Baltimore</i>		
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>Emmitsburg</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Marrie Laffer</i>				
Father's Name <i>Anthony Strook</i>	Father's Birthplace <i>Baltimore</i>				
Mother's Maiden Name <i>don't know</i>	Mother's Birthplace <i>do</i>				
Name of person giving information <i>David Guide</i>	How related to deceased <i>Uncle</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pyemia &amp; Typhoid Fever</i>	How long <i>45 days</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Daniel E. Starr</i>
	Address <i>Emmitsburg, Md.</i>
	
	
Accident or Suicide?	



Name in Full

Certificate of Death

Elizabeth H. H. H. H.

Town

County

Died at

MARYLAND

Date

Month

Day

Y.

M.

D.

Native of

Occupation

1905

11

20

Age

63-10-14

hus

housewife

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

3

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 85928

2815 - Freely St  
Wm. J.



Name  
in  
Full

Richard Williams

5-1-11

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Monticure Hospital Frederick

Town

County

MARYLAND

Date of death 1905 1 22 Age Years Months Days

Sex Male

Color or Race Black

Birth-place

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
NameFather's  
BirthplaceMother's  
Maiden NameMother's  
BirthplaceName of person giving  
informationHow related  
to deceased

## CAUSES OF DEATH

Primary

Pulmonary Hemorrhage

How long

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

Accident or Suicide?

R. S. Lyson -  
Frederick Md.PHYSICIAN  
OR CORONER

